certificate.

should state OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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8	3	8	7	6_	1	$\bigcirc$	

1. PLACE OF DEATH	ALTHUR STREET	- Circh
County Bultimie		(173) Registration Dist. No. 3 5
Village or City Westlesury	In d	Na .
	20 (1	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deet occurred	2.7_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Halles Mil	ler Ulm	very
(a) Residence: No. Pauls	tone hid	St., Ward.
PERSONAL AND STATISTICAL PAR	ce of abode)	If nonresident give city or town and State
	ARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVOR	CED (write the word)	LI. DATE OF DEATH
5a. If married, widowed, or divorced	rind_	(Month) (Dey) (Yeer)
HUSBAND of (or) WIEE of		22. I HEREBY CERT1FY, That I attended deceesed from
Murul, M. all	house	, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and yeer)	1896	I last saw h; deeth is seld
7. AGE Yeers Months Days	If LESS than	to have occurred on the date steted ebove, etm.
39 6 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.		- Uate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		a shoptani swa the weapon used a lung
work was done, es SILK MILL, Tarmen	~	At the went in
0 10. Date deceesed lest worked at 11. Tote	l time (years)	
S competion (though end	pent in this	Nead: shot by his wife, on June
12. BIRTHPLACE (city or town) Parlstone		Other Contributory Causes of Importance: 22nd, 1936, around
(State or country) Bullo . Co hol	٠	1,30 A.me
13. NAME Grandison almos	<b>7</b> /	
14. BIRTHPLACE (city or town)	1	Name of operation
(State or country) Bock Co	d.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bettie C. Mil	Clar	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Parleton		Accident, suicide, or homicide? Date of injury, 19
E (State or country) Beloc hul		Where did injury occur?
17. INFORMANT In Grandison al	and the same	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Parletone h	1.	The state of the s
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury Shot Ly Low wife.
Place W isoling Date for	- 24 , 1936	Neture of injury
19. UNDERTAKER P. marklen Low	9	24. Was disease or injury In eny wey related to occupation of deceased?
(Address) While I feel	hul.	If so, specify
20. FILED 23. 1936 M Bar	how he so	(Signed) 1-21 alla alla Comma
130-4-1-6-1-0-1-1	Registfar.	(Address) Balsysoull Jud
If more blanks are needed	, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - EIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 0 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAN
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V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	942)
County Ballimore	Registration Dist, No. 30
Village or City Cations wille	(If death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredy	mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME African finge	If U. S. Veteran, specify WAR
(a) Residence: No. 142 N. Cusual place of abo	market of
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
SEX  A. COLOR OR RACE  S. SINGLE, MARRIED, OR DIVORCED (with Married)	e the word)
. If married, widowed, or divorced	(1681)
HUSBANO of Cory WIFE of Acusta Honey	22. I HEREBY CERTIFY, That I attended deceased fr
- John Mary	2/12/, 1926, to, Ca/2/, 1920
January Conference of the Conf	l last saw ham alive on GAM 19 ; death is s
114	LESS than to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEFPER etc.	
SAWYER, BOOKKEEPER, etc.	Extantion June
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Therealized to stereorderous Under
SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and	ars) I Chronic non spenfi coletin June
this occupation (month end spent in the occupation occupation)	5 MM Chronic cyclitics June
al . l. (	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	Hydred Parenton 194
	Coronary Sicknows Unh
Jack Harry	
14. BIRTHPLACE (city or town).	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Granelia Misedes	23. If deeth was due to external couses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) 1/42 h and	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place of from lon Oate from Ly	Nature of injury
HAMPEDTAKED John William	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER John Ulfright (Address) Zoaf Orlean Sh	24. Was disease or injury in any way related to occupation of deceased?

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I	300	Example II	
The principal cause of of importance were as		Date o onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	9861 FG NAP	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DONE A EN	y4,1927	Peritonitis	3 days ago
	and the second s			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

County  Village or City  Village or City	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City  Length of residence in city or town whyra deeth occurred Sys mos	1. PLACE OF DEATH	(3)
Length of residence in city or town whys deeth occurred S. Oys	County Daywer	Registration Dist. No.
Langth of residence in city or town who deeth occurred C. Oyn		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COUR OR MCE  S. SINCIE MARPIED, WIDOWED,  OR DATE OF BIRTH (month, day, and year)  7. AGE  Year  Months  Days  If LESS than  1 dey, hrs.  Or. min.  SAWYEL, BOAK, SEPER, M.  SAWYEL, BOOK, SEPER, M.  SAWYEL, SAW		
CUsual piece of shockey  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COUR, OR BACE  5. SINGE, MIRRISH, WIDOWER, OR DATE  4. COURT OF BRITH (month, day, and year)  5. DATE OF BRITH (month, day, and year)  6. DATE OF BRITH (month, day, and year)  7. AGE  8. PRINCIPAL CAUSE OF DEATH  10. Case decased last works at simple processing or particular sizes of the date steted above, as 1.0	2. FULL NAME Millegin Higgs	W,
3. SEX  4. COLOR OR ICE  OR BY OBET SIMPLE MINING HOWEIT  OR BY OBET SIMPLE MINING HOWEIT  OR BY OBET SIMPLE HOWEIT  (Month)  (Oay)  (Year)  12. If HER EBY CERTIFY That I attended decessed from the same size on the size of a size of		
Sa. If marriag widowed or silvereed HUSSRADO of (North) (Gay) (Wonth)  22. I HEREBY CERTIFY That I attended decessed from (Wonth) (Gay) (Wonth)  23. Trade, profession, or particular (Sarriag) (Wonth)  24. If LESS than (Sarriag) (Wonth)  25. If HEREBY CERTIFY That I attended decessed from (Wonth) (Sarriag)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
59. If marriagh widowed for afvorced HUSSAND of Con North Control of Co	3. SEX 4. COLOR OR RAGE 5. SINCLE MARRIED, WIDOWED. OR DEVORCED Logic the word	feme 28 ,1936
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  I tast saw h  alive on  I base occurred on the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the company of the date steled above et of months of the date steled abov	5a. If married, widowed or divorced HUSBAND of	
TAGE Year Months Days If LESS than 1 dey	(or) wife or	Juny 20 10 June 26 , 19 36
1 dey	6. DATE OF BIRTH (month, day, and year) / arch 5, 1858	l last saw h alive on
The second of th	40 -	
kind of work done, es established.  SAWER, BONKEPER, etc.  1. Industry or businessin which work was done, essablish MLL.  SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (months and pear).  12. BIRTHPLACE (city or town).  (State or country)  14. BIRTHPLACE (city or town).  (State or country)  15. BIRTHPLACE (city or town).  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, ETTERFTION, OR REMANAN  Piece   Detail of the pear		wore se follows:
Name of operation.    14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT (State or country)   18. BIRTHPLACE (city or town)   19. UNDERTAKER   19. Date of country   19. Dat	Trade, profession, or particular kind of work done, es PENNER;	Throng the scortition Inter
10. Oate deceased last worked at this occupation (month-and search this occupation (month-and search this occupation)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stayle or country)  15. BIRTHPLACE (city or town) (Stayle or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, EXTERTION, OR REMANANT Plece  19. UNDERTAKER  19. UNDERTAKER  20. FILEO  21. Informant (Address) (Signed)  21. Informant (Address) (Signed)  21. Informant (Address) (Signed)  22. Informant (Address) (Signed)  23. Informant (Address) (Specify city or town, country and State) (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Signed)  20. FILEO  20. FILEO  20. FILEO  21. BIRTHPLACE (city or town) (State or country)  21. Distribution (State or country)  22. Informant (Specify city or town, country and State) (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (If so, specify (Signed))  20. FILEO  20. FILEO  21. BIRTHPLACE (city or town) (State or country)  22. Was disease or injury in any way related to occupation of deceased? (If so, specify (Signed))  (Address)  (Address)		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stafe or country)  15. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, GREGATION, OR REMAYALA Place (Address)  19. UNOERTAKER (Address)  20. FILEO  20. FI		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, GREGATION, OR REMANAL Place  19. UNDERTAKER (Address)  20. FILEO  20. FI	this occupation (month and	
(State or country)    13. NAME	year)	Other Contributory Causes of importances
13. NAME  14. BIRTHPLACE (city or town)  (Stare or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL ORDANA  Plece  19. UNDERTAKER  (Address)  20. FILEO  20. FILEO  20. FILEO  20. FILEO  21. Anne of operation  Name of		7 - 2010
14. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  19. UNOERTAKER (Address)  20. FILEO  20. FILEO  20. FILEO  20. FILEO  21. IN A BIRTHPLACE (city or town) (State or country)  Name of operation. What test confirmed diegnosis? Was there an autopsy?  22. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		
What test confirmed diegnosis? Was there an autopsy?  23. If death wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Dete of injury., 19  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Neture of injury  Neture of injury  19. UNOERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Mas there an autopsy?  26. BIRTHPLACE (city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in inoustry, in HOME, or in PUBLIC PLACE.	T IA PUDTURI AND (city or Anya)	Name of operation
23. If death wes due to external causes (VIOLENCE) fill in elso the following:  16. BIRTHPLACE (city or town) (State of country)  17. INFORMANT (Address)  18. BURIAL, REPATION, OR REMAYALY Plece (Address)  19. UNOERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  16. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Neture of injury  19. UNOERTAKER (Address)  20. FILEO  30., 1936  (Signed)  (Signed)  (Address)  M. I.  (Address)	(State or country)	
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, REPORTION, or REMANAL Plece (Address)  19. UNOERTAKER (Address)  20. FILEO  20. FILEO  20. FILEO  20. FILEO  20. Address (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Specify city or town, county and State)  Specify city or town, county and State)	a some aut Tenelale	
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, REPORTION, or REMANAL Plece (Address)  19. UNOERTAKER (Address)  20. FILEO  20. FILEO  20. FILEO  20. FILEO  20. Address (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Specify city or town, county and State)  Specify city or town, county and State)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CRESS TION, OR REMOVALY Plece (Address)  19. UNOERTAKER (Address) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	X (State of country)	Where did injury occur?
Plece   Called   Pate		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
19. UNOERTAKER (Address) (Signed) (Signed) (Address)	18. BURIAL, EREJORTION, OR REMANALY	Manner of injury
20. FILEO 6/30 , 1936 Depute Registrar. (Address) Ellie Grand M. I.	Plece Date 19 C	Neture of injury
20. FILEO 6/30 , 1936 H Sepula Registrar. (Signed) (Signed) (Address) Ellie & Carry		
	n de la	(Signed) A Mulli M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of ons	et
Arteriosclerosis	1915	Attack of epilepsy	100
Chronic interstitial nephritis	1921	Run over by street car	_
Cerebral hemorrhage	July 5,1927	Peritonitis JUL 15 Sdays a	-
		1936	_
Other contributory causes of importance:		Other contributory causes of importance 8	_
Gallstones	May 1,1923		Ē
			_

infor-

Every item of

1. PLACE OF DEATH	5930
County Baltimore	Registration Dist. No. 44
Village or City Stemmers Pun	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 12yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laura J. Clangs	If U.S. Veteran specify WAR.
(a) Residence: No. Sunny (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maxwed	21. DATE OF DEATH  (Month) (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 7/ LHEREBY CERT (FY, That I attended deceased from
William Of Bangs	May 2 4, 136, 10 pine 3, 1936
6. DATE OF BIRTH (month, day, and yeer) 9 0 11, 183-9	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
76 6 23 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SHINER, SAWYER, BOOKKEEPER, etc.	Medice For the
9. Industry or business in which work was done, as SILK MILL.	Υ
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Balto Md.	Other Contributory Causes of importance:
(State or country)	week 2 west det alin
13. NAME Capt Eleventh Chans	e ()
13. NAME Capt Eleventh Chans 14. BIRTHPLACE (city or town) 9 J.	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME muy Chance	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Catherine Stangs	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAN	Manner of injury
Place Moreland Vantate June 6, 1936	Nature of injury
19, UNDERTAKER Fredh: Lassahu & Sor	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 7401 Below Olds	If so, specify
20 FILED Game 5 19 36 John G. Council	(Signed) M. D
Registrar.	(Address) Secretarias Value

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-Y, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5921
1. PLACE OF DEATH	82:0)
County vach Co Ne	Registration Dist. No. 4
Village or City Jolly Ned	No. St., Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME	
(a) Residence: No.	St., Ward.
(Usual place of abdde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
y' maried	(Month) (Day) (Year)
is the married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
white service stary	abe 10 19 3 610 xum15 19 36
DATE OF BIRTH (month, day, and year) DR 25 - 1845	I last saw h/2 alive on Reuf 13, 1936 death is sai
. AGE Years Months Days If LESS than	to have occurred on the date states above, atm.
(4) 20 1 day,hrs.	were as follows.
8 Trade profession or particular	Data of onea
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Ochebral Vellouring,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this securation (month and	
SAW MILL, BANK, etc	·
this occupation (month and spent in this year) occupation	
Mil	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)  (State or country)	(literia) de la constitución
13, NAME alle Oleflece	3300 30
13. NAME  14. BIRTHPLACE (city or town)	N 4
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date
15. MAIDEN NAME Clirabell Scaleder	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
El 411-10 Cale Dire	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT (Address)	opecity whether injury occurred in INDUSTRY, III ROME, OF III PUBLIC PLACE.
8-BURIAL, PREMATION, OR REMOVAL	Manner of injury
1 Create W Con Date Mins / 1, 193 (	Nature of injury
O HANGETTAKEN DANNER DANNER OLI	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER OWW STOWNS JUL	If so, spacify
6/16/ MARIO DE MATORIO	X (Signed)
20. FILED 20., 1977 tax 12. My Registrar.	(Address) (100 Stock 1/1)
1	2411 N. Charles Street. Baltimore Requesting 71 S. No. 7

various pursuits can be known. Make some entry ceased had retired from business, report the occ returned as at school or at home. For a woman in answer to Question 8 and own home in answer	y in this se supation pri n whose on r to Questio	tion is very important, so that the relative health action for every person aged 10 years or over. For to retirement. Children not gainfully employ ally occupation was that of home housework, write on 9. For a person engaged in domestic service as servant—private family, cook—hotel, etc. For	If the de- ed may be housewife for wages.
To be complete, an occupation return must s	tate:		
8.—The trade, profession, or particular 9.—The industry or business in which t 10.—The month and year the deceased la 11.—The number of years the deceased f	the work wast worked	as done.	
out the particular kind of work done and return	that, as spi	te terms as "employee," "worker," "operative," nner, weaver etc.	
In stating the industry or business, avoid the particular kind of store, factory, mill, etc., a	e use of su s grocery s	ch general terms as "store," "factory," "mill," tore, soap factory, cotton mill, etc.	etc. State
chanical engineer, mining engineer, stationary en of the occupation can be secured. Do not use the	ngineer, etc. word "med	y stating the full descriptive titles, as civil eng. Avoid the term "laborer" when a more precise hanic," but give the exact occupation, as carpental ants and wholesale merchants. A person who	statement
mode of dying, e. g., heart failure, asphyxia, ast As related causes, name earlier morbid condition	thenia, etc. is, if any, i	e disease, injury, or complication which causes dea As principal cause name the disease or injury cause elated to the principal cause and any important co prtance, name other important diseases or injuries.	sing death.
Example I	j	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago

Dannie 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state OCCUPA.

Every PHYSICIANS Jo

statement

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terms,

in plain

very important.

LION

certificate.

Jo back

See instructions on

1. PLACE OF County\_\_\_\_ Village or C

Length of resi

(a) Residen

PERSON

2. FULL NA

5a. If married, widow HUSBAND of (or) WIFE of

6. DATE OF BIRTH

Year

4

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc....

9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.....

1D. Date deceased last worked at this occupation (month and

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

(State or country)

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

-WRITE

网

V. S. No.

# 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 20, FILED \_\_ \$

Registrar.

1 day, ....- hrs. or\_\_\_\_min.

11. Total time (years) spant in this

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5932
F DEATH	820
Baltimore gud.	Registration Dist. No. ≥ ≥ 3  No. St., Ward
dence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
CE: ND(Usual place of abode)	St., Ward.  If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 , 193 6 (Year)
month, day, and year) Dec 23 1864	22. I HEREBY CERTIFY. That I attended daceased from  19 1936, to June 20 1936  I last saw h. er. alive on June 20 A.M., 1936; death is said
s Months Days If LESS than	to have occurred on the date stated above, at 2 - 30 P. m.

to have occurred on the date stated above, at 2 - 30 P. m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dat
myocardial weakness.	Su
and failure as a result of	
acute indigestion, recent.	
·	

e of opset

me. 19

Other Contributory Causes of importance: 36. Name of operation

What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_. 23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur?\_\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury.

24. Was disease or Injury in any way related to occupation of deceased?\_ If so, specify

(Signed)\_ COL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Pcritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

Oete.

WRITE

mation

19. UNDERTAKER

Manner of injury

Nature of injury

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

24. Wes disease or injury in any way related to occupetion of deceased?

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis & C.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
0 3				
Other contributory causes of in portance:	2000000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
THE RESERVE THE PROPERTY OF THE PERSON OF TH				

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5934
1. PLACE OF DEATH	(82·20)
County 10 attempte.	Registration Dist. No.
Village or City Sparrows Point (outse	the No. Walman Cure, St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20_yrsmos	
2. FULL NAME Gus tin Ray Br	adshaw.
(a) Residence: No. Sauce as above	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	21. DATE OF DEATH LULE 27, 193 6. (Month) (Day) (Yeer)
HUSBANO of (ar) WHEE of Mary E. Bradshaw.	22. I HEREBY CERTIFY, That I attended deceased fro
5. DATE OF BIRTH (month, dev, and year) April 9, 1895	I last saw h alive on 19 , to 19 ; death is sal to have occurred on the date stated above, et 2:20 Pm. about
46/ 2 / 1 day,hrs.	
8. Trade, profession, or particular	Vere as follows: Date of onse
8. Trade, profession, or particular kind of work done, es SPINNER, Wachington SAWYER, BOOKKEEPER, etc.	Hespertension.
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this occuration (month and last).	
this occupation (month end level 36 11. Total time (yeers) 20 spent in this year)	
12. BIRTHPLACE (city or town). Manticoke	Other Coutributory Causes of Importance:
(State or country)	
13. NAME GLORGE Darry Pradakaw  14. BIRTHPLACE (city or town) Manficoke	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? The Dute Hest of Highere an au'opsy? It
The state of the s	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Manficohe (State or country)	Accident, suicide, or homicide?
7. INFORMANT Mary E. Bradshaw.  (Address) 8206989. Standard.	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of injury
Place Cato Karon Date fronty / st 19.36	Manner of injury
9. UNDERTAKER John G. Colombely	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify the the things of the things
20. FILED June 30, 19.36 Ds. J. (Melormic, Registrar.	(Signed Howard a Fourte Countyma,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ł	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUL 6 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	· Gastroenteritis	1 year	

# stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH 5935

1. PLACE OF DEATH	23	
County Baltimore	Registration Dist, No. 32	
Village or City Mt. Wilson	No. Tuberculosis Sanatoriums.	Ward
(If Length of residence in city or town where death occurred 1 vrs. 7 mos.	death occurred in a horpital or institution, give its NAME instead of street and num  26 ds. How long in U.S. if of foreign birth?yrs	iber)
Control of the Contro		05+
2. FULL NAME John C. Brenneis (a) Residence: No. 3002 Beverly Road	St. Ward. Baltimore, Md.	0001
(a) Residence: No. 5002 Severily Road (Usual place of abode)	St., Ward. Baltimore, Md  If nonresident give city or town and Sta	atc
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  Male  4. COLOR OR RACE  White  5. SINGLE, MARRIED. WIDOWED, OR DIVORCED (write tha word) Single	21. DATE OF DEATH  June 10th, (Month) (Day)	93.6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single	22. I HEREBY CERTIFY, That I attended dae Oct. 15th. 19 34 to June 10th,	ceased from
6. DATE OF BIRTH (month, day, and year) July 24th. 1902	Hast saw h im elive on June 10th, 19 36:d	,
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et6.25 A .m.	100111 13 3010
33 10 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
8. Trada profession or particular	nere as follows.	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. Electrician SAWYER, BOUNKEEPER, atc. Electrician work was done, as SILK MILL.	Pulmonary tuberculosis	Nov.
9- Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1931
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	Dther Contributory Canses of importance:  Laryngeal Tuberculosis Apr  Gastro Intestinal Tuber-	1936
# 13. NAME Philip Brenneis	Gastro Intestinal Tuber- culosis. Feb.	1936
14 RIRTHPLACE (city or town) Baltimore	Name of operation No operation Date of	
(Stete or country) Maryland	What test confirmed diagnosis? X = ray and Was there an auto	opsy? NO
15. MAIDEN NAME Josephine Preller		sputun
15. MAIDEN NAME Josephine Preller  16. BIRTHPLACE (city or town)  Baltimore  (State or country)  Maryland	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Jours A. Mchuerhol. Mt. Wilson. Md.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR TEMOVAL	Manner of injury	
Place & oly fldeener Date June 13., 19 36	Natura of Injury	
19. UNDERTAKER TROTTE Stath Une	24. Was disease or injury in any way elated to occupetion of deased?	0
20. FILED June 1 ( , 19.36 C. E. Michola) Recistration	(Signed) At Wilson, Md.	M. D.
V	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	12	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	the principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	190	Agach of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run ver y street car	1 week ago
Cerebral hemorrhage	Jul 5,1927	Peritondie	3 days ago
	1	72	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1929	Vastroenteritis	1 year
		V.	

V. S. No. 1 B ż TION is very important. See instructions on back of certificate.

infor-

of OCCUPA-

STATE	OF	MARYL	AND-	-CER	TIFIC	CATE	OF	DEA	TH
FATER						-			

2.	0.5	9	6	7
5	y	0	ŧ	)

1. PLACE OF DEATH	45.6	1
County Ballinine	Registration Dist. No. 3 5	
Village or Gity White Hall, Ind	NoSt.,St.	Ward
	osds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME William Thomas Be	Subma O	
1 1 1 1 1 1		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white OR DIVORCED (write the word)	fune & 0	1936
5a. If married, widowed, or diversed	(Month) (Day)	(Year)
HUSBAND OF Roa Burn	22.   HEREBY CERTIFY, Thet I attended d	leceased from
6. DATE OF BIRTH (month, day, and yeer) Dev 2. 1865-	1 last saw h alive on 27 , 1934	death Is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date safed above, at 7 Q .m.	
70 6 I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade profession or particular	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Consumara of	
9: Industry or business in which work was done, as SILK MILL,	- October - Company	1934
work was done, as SILK MILL, Taumen	months	1.7.3.5
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) White Hall	Other Contributory Causes of importance:	
(State or country)		
13. NAME Rutal h. Burns		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIDEN NAME Racked British	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
Edwin Burn	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
17. INFORMANT  (Address)  White Hall had	-	
18. BURIAL, CREMATION; OR REMOVAL	Manner of injury	
Place Wiseleng Date my 31, 1931		
19. UNDERTAKER P. Menthelint Long (Address) whit Hall Ind.	24. Was disease or injury In any way related to occupation of deceased?	20
20. FILED MIC 30th, 19 34 My lines Desities To Registrat.	(Signed) Milner Bartone  (Address) Kthile Hall In	d . M. D
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	T	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Dete of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5937
1. PLACE OF DEATH	48)
County Buttimore	Registration Dist. No. 80
Village or City Catanaville - San	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME fortilla O. Buble	If U. S. Veteran, specify WAR
(a) Residence: No. Millersville Md, (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
5a. If merried, widowed, or divarced HUSBAND of (or) WIFE of  Lonard Buttlen	22. I HEREBY CERTIFY, Thet I ettended deceased from 1985, to June 8, 1936
6. DATE OF BIRTH (month, day, and year) about 1899	last sew here alive on flure 8 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et 4:25 f.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pareinoma of Cirrix Naknon Basendary Anemia Gest & Month
10. Date deceased last worked at this occupation (month and yeer) spent in this occupation	Teneralized Menting Coffeni
12. BIRTHPLACE (city or town) / /	Other Coutributory Causes of Importance:  Careless against applica 10412
13. NAME Unkanown	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation Dete of Was there an autopsy?
E 15. MAIDEN NAME Unknown	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19
17. INFORMANT State Asspital Baconda.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL PIECE AND LODGE 18. Date 1.18.	Menner of injury
19. UNDERTAKER James Jam	24. Was disease or injury in eny way releted to occupation of deceased?  If so, specify
20. FILED Off 6 19 86 Albertana	(Signed) flybert flym, D. M. D. (Address) wing Driver fly
If more blanks are needle, dadress State Registrar,	2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

state Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   Allo	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BURFALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5938
1. PLACE OF DEATH	(59)
County Baltimore	Registration Dist. No.
Village or City_Towson	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 22 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laura V. Glark Chalk	7
(a) Residence: No. 403 Allegheney Ave.	Ot Ward
(a) Residence: No. 400 Attestiency Ave. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female   4. color or race   5. single, Married, Widowed   white   5. single, Married, Widowed   5. single, Married, Widowed   widowed	June 21 , 193 6 (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Carried Chalk.  6. DATE OF BIRTH (month, day, and year) Aug. 26, 1857	22. I HEREBY CERTIFY. That I attended deceased from  May 10 th, 1936, to June 20th, 1936  I lest sawh er alive on June 20th, 1936; death is sald
7. AGE Years Months Days If LESS than	
78 10 25 1 day,h	rs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, Home Duties SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this pecupation (month and spent in this pecupation (month and spent in this	Langrenof left foot Maziots
O 10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Md.	Other Contributory Causes of Importance:
# 13. NAME Charles Debaugh	
13. NAME Charles Debaugh 14. BIRTHPLACE (city or town)	Name of operation Dete of Whet test confirmed diagnosis? Decarral observation West there an autopsy? No.
5. MAIDEN NAME Laura V.	23. If death was due to externat causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Laura V.  16. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.	Accident, suicide, or homicide?
17. INFORMANT Julia M. Chalk (Address) 403 Allegheney Ave. Towso	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cemps 6/23/36, 19	Manner of injury
19. UNDERTAKER Jagger 1990 Fat with Place	24. Was disease or Injury In any wey related to occupation of deceased? The
20. FIXED ESSENTIAL PROGRESSIVAT.	(Signed) Mr. Courad Sale M.D. (Address) 1900 Maryland Ave.
If more blanks are needed, address State Registr	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	,	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	uses	Date of onset
Arteriosclerosis Chronic interestical production 1111 7 1936	1915	Attack of epilepsy	14 (	1 week ago
Chronic interstitial nephritis JUL 7 1830	1921	Run over by street ear		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
BONLEY	- 23			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITION	AL SPICE FOR FURTHER STATE	TEMENTS BY PHYSICIAN	140 80 4	1 1
DI SO - PAGE	The state of the s	raureck so	yet of what	para
W. T.	G 3 3	ore alexand	and begins pe	alient
and and	200, 400000	a delicar	transcer	Prop
10. Has been &	and garen core the	attention	5	tota.
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mend your men	and the first	of cure.	n. H. ungeer,	La rose

# STATE OF MARYLAND—CERTIFICATE OF DEATH

5940

1. PLACE OF DEATH	Á2>
County Balfimore	Registration Dist. No. 44
Village or City Essex	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?
2. FULL NAME Annae Coscia	A3X
	and Indelegat
(a) Residence: No. (Usual place of abode)	St., Ward. Mosessale MA,  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	, 21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of Caramanull	22. I.HEREBY CERTIFY That I attended deceased from
1 1 20 1000	195 f. to 195 f. to 195 f. 195 6
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw h alive on 1976; death is said to have occurred on the date stated above, at 5 P m
7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trada, profession, or particular	were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	varula disease
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased last worked at this occupation (months and second in this countries).	
SAW MILL, BANK, atc	
O 10. Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) England	Other Coptributory Causes of importance:
(State or country)	Munardial Friel
13. NAME John Bassett	- Junion
13. NAME Colon Bassell 14. BIRTHPLACE (city or town) England.	Name of operation A Date of
(State or country)	What test confirmed diagnosis Churical Was there an au'opsy 200
15. MAIDEN NAME instructing.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Crystand	Accident, suicide, or homicide?
(Stata or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Castales & oscia	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 68 Market Place  18, BURIAL, CREMATION, OR REMOVAL	Manus of Julius
Place lake Lawn Date June 3, 193,	Manner of injury
19. UNDERTAKER Mathen M. C. Diffeil (Address) 37 & Comm. St.	24. Was disease or injury In eny way related to occupation of deceased?
(Address) 37 8 Cmm st	If so, specify (Signature of the state of th
20. FILED Jame 1, 1936 John 10. Commel	(Signed) (Address) (Address)
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREM	* .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR F	URTHER S	TATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

	infor-	nation should be carefully supplied. AGE should be stated EXACTLX_PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	plnod	220	
ソ	ry it	SNS	nt of	
	. Eve	ICIA]	teme	/
	ORD	HAS	t sta	
	REC	73	Exac	
5	ENT	TL	ied.	
	MAN	XAC	lassif	
PI	PER	d E	erly o	cate.
FOF	IS A	state	prope	ertifi
E L	HIS	be	be	of
KV	X-T	pluor	may	back
EN P	IN	ES	at it	s on
4	DING	AG	so th	ction
KGI	NFAI	plied.	rms,	nstru
MA	HU	dns.	in te	See i
	WIT	efully	in pla	int.
MAKGIN RESERVED FOR BINDING	LY,	e car	ATH	TON is very important. See instructions on back of certificate.
	AIL	ld b	DE	y in
	PI.	hou	OF	ver
	TE	n s	SE	S
	WR	atio	AU	ION

1. PLACE OF DEATH	(210-9)
County Ballin orl	Registration Dist. No. 30
Village or City alle and Cold Freehea Y	Chella Une St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Mary Cross	If U. S. Veteran, specify WAR
	st, Med Ward. 13 X
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (rypic the word)	21. DATE OF DEATH
7 W Sugle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19 , 10 , 19 , 19
6. DATE OF BIRTH (month, day, and year) Jone 20, 1936	I last saw h alive on, 19; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at
6 4 2J ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Tracking of Skull
C 9. Industry or business in which	down of wall of all all all all
work was done, as SILK MILL, SAW MILL, BANK, etc	+ reas wheel say ones it - the
10: Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Maryland.	ON Tho Wheeler
13. NAME Lloyd Cross	1 Caroner
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Md'	What test confirmed diagnosis?
15. MAIDEN NAME Ella Batterill	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident, Date of injury
(State or country)	Where did injury occur?
17. INFORMANT Clay Cross (Address) Jushland	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 26 above
Place Blistly Mil Oate 6-18, 1936	Nature of Injury Fractural Sheells
19. UNDERTAKER Ita Significations of	24. Was disease or injury in any way related to occupation of deceased?
(Address) Ellefort only well	If so, specify
20. FILED June 15, 1936 Manhall B besh	(Signed) Washall Burst M. O
D	(Address) / TO F-PT-00 + A(/// A)

Z. S. Z.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II			
of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	WED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nep		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	JUL 2 1936	July 5, 1927	Peritonitis	3 days ago		
	BUREAU V. S.					
Other contributory	auses of importance:	1	Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
•						

infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

5942

1. PLACE OF DEATH	_		(82-C)			
County Balla	**************************************			Registration Di	st. No. 4	-2-
Village or City Rela	iy.		No			Ward
Length of residence in city or town	where death occurred		death occurred in a hospital or institu	tion, give its NAME in foreign birth?		
2. FULL NAME Mas	11 anna?	Day	If U. S. Veteran,			
(a) Residence: No. Pol	lung to a	ode)	St.,Ward.		ve city or town and	State
PERSONAL AND STA		L. Control	MEDICAL C	ERTIFICATE O	OF DEATH	
3. SEX 4. COLOR OR RAC	S. SINGLE, MARRIED OR DIVORCED (W		21. DATE OF DEATH	Three (Month)	Soft (Day)	, 193
5a. If married, widowed, or divorcad HUSBAND of	1					
(or) WIFE of Colemn	ith Da	ver	22.   HEREBY	, 19 TLZ, to	lue 20th	Jeceasad from
6. DATE OF BIRTH (month, day, and year)	Sept 29-	1856	1 last saw h alive on	J hne	12/4 ,1936	; death is sald
7. AGE Years Mon	Arth	If LESS than	to have occurred on the date state	ed above, at.	m.	
79   8		day,hrs. rmin.	The PRINCIPAL CAUSE OF DEAT wera as follows:	TH and related causes	of importance	Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINNI SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc	ER. Non	W	General orlers	Scheer	~~~	**********
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc	. 710	141	E cere Prae	Embale	ب ا	
SAW MILL, BANK, atc	11. Total time (	years)	E Cero Cro	muloc	e'ac	1407
this occupation (month and year)	spant in occupation	this on				
12. BIRTHPLACE (city or town) (State or country)	llowor	mil	Other Contributory Causes of Impo	ortanca:		107000
13. NAMEZ has. W.	Tallay h	(N)				
13. NAMEZ MAS. W. X	Holand.	_	Nama of oparation		Data of	~
(State of country)	-		What test confirmed diagnosis?		Was there an a	utopsy?
15. MAIDEN NAME (LIV)  16. BIRTHPLACE (city or town)	marin Ir	effeth	23. if death was due to external car	uses (VIOLENCE) fill i	n also the following	:
16. BIRTHPLACE (city or town)	Saltimo	Win	Accident, suicide, or homicide?	Da	te of Injury	, 19
(State or country)	- n /1	- MIX	Where did injury occur?	(Specify city or to	wn, county and State	e)
17. INFORMANT Wester (Addrass)	lla/Lago	pledi	Specify whethar injury occurred i	n INDÚSTRY, in HOMI	, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL)	eng ra	our !	Manner of Injury			
Place Louispit	ara Just	12/1936	Nature of injury			
19. UNDERTAKER	Lugar IL	rus	24. Was diseasa or injury in any w		on of dacaased?	NO .
(Ambress) Partie	1 cuna	111	If so, specify	Leve U. 1	Ja700 2	
20. FILED 1112 19 74.	Messerie	Registrar.	(Address)	Ceay -1	ud.	M. D.
	f more blanks are needed, addre:	ss State Registrar,	2411 N. Charles Street, Baltimore, R.	equesting U. S. No. 1.		

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 3 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS I	BY PHYSICIAN
7. Weitten			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(181)
County /Saltemore	Registration Dist. No. 44
Village or City Prospect Pack	No. Lawrey are. St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mrsmsds.
0 10.0:4	
2. FULL NAME Margaret G. Dettu	Ch If U.S. Veteran apecify WAR.
(a) Residence: No. Rowley Care: (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Timale of lute OR DIVORCED (write the word)	June 2/st 1936
5a. If married widowad or divorced	(Month) (Day) (Year)
(or) WIFE of Trederich C. Whetrich	22. I HEREBY CERTIFY, That I attended deceased from
	March 30, 1936, to June 21 1936
6. DATE OF BIRTH (month, day, and year) Lec. 28-1874	I last saw how aliva on, 1926; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at Je
61 3 29 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife	Cold: Voice D. V. D. Ld! E
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spant in this	The control of the property of the control of the c
work was done, as SILK MILL, SAW MILL, BANK, etc.	Common of the 1936
10. Date deceased last worked at this occupation (month and spant in this	To 10 mg mg That the graph of the state of t
year) occupation (month and occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of Importance.
(State or country) md.	
13. NAME andrew Schweitzer	
13. NAME andrew Schweitzer  14. BIRTHPLACE (city or town) Balto.	Name of operation
(State of Country)	What test confirmed diagnosis? Land Was there an au'opsy?
15. MAIDEN NAME (alig. Thense)  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causas (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) /3 alts.	Accident, suicide, or homicide?
E (State or country) Ind.	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Frederich Meterch (Address) Lower ave.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Lawn Date June 2 4, 1936	Nature of Injury
10 HADERTANED Stan G. Commelle	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER	If an anguity

Registrat

If more blanks are needed, address State Constrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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20. FILED

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:		
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Chronic interstitial nephritis	1921	Run over by street car		
Cerebral hemorrhage	July 5,1927	Peritonitis 3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis 1 year		
		A STATE OF THE PARTY OF THE PAR		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5	944
1. PLACE OF DEATH	166)	
County Ballimore	Registration Dist. No. 4	4
Village or City Bock River	No. Back Rever no Burgest	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and i	number)
Length of rasidence in city to toy whare death coursedyrsmos.	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME of udwig Ceckert	If U.S. Veteran specify WAR	**
(a) Residence: No. 311560 Oceation	St.,OOC	5/
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED ("write this word)	21. DATE OF DEATH	102 6
man	(Month) (Day)	(Year)
5a. If married, widowood or divorced HUSBAND of Corp. WIFE of Celizabeth Cockerb	22. I HEREBY CERTIFY, That I attended	dacaased from
Judan Celizabeth Certer	, 19, to	, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19,	_; death is said
7. AGE Yaars Months Days if LESS than	to have occurred on the date stated above, atm.	
32 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Electrician SAWYER, BOOKKEEPER, atc.	1	Date of onset
	Mowning	6/16/3
3. Industry or business in which work was dona, as SILK MILL, Whoto Cuttol	Boday frounds	6/19/13
SAW MILL, BANK, etc. 11, Total tima (yaars)	0 0	-
O this occupation (month and spant In this occupation year)		-
Ralta.	Othar Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Jemporary ornamity	
	J	
E O		-
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What tast confirmed diagnosis? Was there an a	
15. MAIDEN NAME Zunkname	23. If death was due to external causes (VIQL ENCE) fill in also the following	
Bolting	Accidant, suicide, or homicide	11 11
16. BIRTHPLACE (city or town) Salteman.  (State or country)	Whare did injury occur? Bah Renter	DC 30, 13 95 122
Pro & P: Extent	(Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, In HOME or in PUBLIC PL	te)
17. INFORMANT (Addrass)	Public Plan	NOL.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	7
Place hereland hum floata have 21, 1936	Nature of injury	
Island by tommelly	24. Was disaase or injury in any way ralated to occupation of dacaased?	
19. UNDERTAKER (Address) Casel Mile	If so, specify	
20. FILED 6-20 - 1936 John & Connelle	(Signed) Fred W Young for	mero.
20. FILED 12 1976 Registrar.	(Address) Stempus Dun C	md
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	The state of the s	
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927 May 1,1923	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

Su letter filed under young, 6-30-36.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

5945	5	y	4	1)	
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1. PLACE OF DEATH		93:0	7.7
County Balto		Registration Dist. No. 31	
Village or City Marylon	ed Bries	NoSt.,	ward number)
Length of residence in city or town where de	eth occurred 2 yrs. 2 mos.	ds. How long in U.S. if of foreign birth?	10sds.
2. FULL NAME albert	Helson Ce	Reurode.	
(a) Residence: No. Maryl	(Usual place of abode)	St.,	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Wheele	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 7 34 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor. WIFE of Curra Steer	ack Ekemode.	22. I HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, and year)	b. 222 1867.	I last saw him alive on him 6 ,19.3:	( death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12:30P,m.	
69 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	armer	Chy. Myocardetis	1934
SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and year)	11. Total time (years) spent in this 50 yrm	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Cull (State or country)	Perma.	Bronchietens	1930
13. NAME John Eck	reurode.		
13. NAME John Eck  14. BIRTHPLOCE (city or town). Que (State or country)	berson Penna	Name of operation Date of What test confirmed diagnosis? Was there an	autopsy? ALD
15. MAIDEN NAME Sosehl	ine Stake	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Joseph 16. BIRTHPLACE (city or town) (State or country)	bereser Jenna.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT 27. E. T. C. (Address) Maryland	assist tud	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, OREMATION, OR REMOVAL Pa.	Dete June 704, 136	Manner of injury	
19. UNDERTAKER Paul MARIA (Address) Nous Fre	edous Ja	24. Was disease or injury in env way related to occupation of deceased?	
20. FILED RANGE THE , 19 36 Clue	str Fultry Registrar.	(Signed) Jacob Mary  (Address) Shrunsbury	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook hetel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," operative, etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: · Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago 1 1 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICI	N
ADDITIONAL	STACE	TOR	FURTHER	SIMILMINIS	DI	THISTOI	411

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V. S. No.

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residanca in city or town whera death occurred How long in U. S. If of foreign birth? \_\_\_\_\_\_\_mos.\_\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (rurite the word) veder (Month) (Day) (Yeer) 22. CERTIFY. That I attended deceased from Years Months Days If LESS than to have occurred on the date stated stove, et. 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 10 or .... min. Date of onset kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ...

3. SEX 5a, If married, widowed, or divorced HUSBAND of (or) WHEE of 6. DATE OF BIRTH (month, day, end year) 7. AGE . Trade, profession, or particular 9. Industry or businass in which work was done, as SILK MILL, C SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (years) this occupation (month end spent in this occupation \_\_\_\_ Othar Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation\_\_ (State or country) What test confirmed diagnosis? ..... Was there an autopsy? ...... MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury Nature of Injury 24. Was disease or injury in any way ralated to occupation of daceasad? 19. UNDERTAKER (Address) If so, specify (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 8 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

WITH UNFADING INK-THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(93-0)
County Baltimore	Registration Dist. No.
Village or City Catonaville	No. Jones Grove Hop St., War death occurred in a hospitation institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Somhia Engle	If U. S. Veteran, specify WAR
(a) Residence: No 4 Oberton Hd.	St., Ward, /3 X
(Usua/place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Unitowes	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of John ingle ( Vieceased)	August 31 1926 to there 27 1936
6 DATE OF REPTH (month day and year) Sept 13 1867	last saw have alive on June 27 ,1936; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 750 m.
68 199 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Januaerville SAWYER, BDOKKEEPER, etc.	Generalized Hole workerner 193.
9. Industry or business in which work was done, as SILK MILL,	
11. Total time (years) this occupation (month and spent in this	Hilemaclerstu Hart Missanse 1936
W fand	Other Coutributory Causes of Importance:
(State or country)	Organic Raychonial Arbuncleson
II 13. NAME Charles fritz	1935
7 14. BIRTHPLACE (city or town) Lermany	Name of operation Dete of
al 20' B. +	What test confirmed diagnosis? Was there an autopsy?
II PART I	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mrs Edna Stauffer	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Heman Prine Wood Your	
Plantarane Cere Pate Villy 1 1936	Manner of injury
hall is deli	Nature of injury
19. UNDERTAKER J. C. Aug wholken	24. Was disease or injury In any way related to occupation of deceased?
(Addisss) supply our me	If so, specify (Signed) the Bert 60 Marine M.
20. FILED 7 19 19 Registrar	(Address) Drive Day
	County Daltmare  Village or City Caton Price  Length of residence in city or town where death occurred yrs. If mos  2. FULL NAME OR ALL OR COLOR OR RACE  (a) Residence: No. Florent Or Caton Or RACE  (a) Residence: No. Florent Or Caton Or RACE  (b) PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  (C) B DIVORCED (write the ward)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Or Or Or DIVORCED (write the ward)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  11. BIRTHPLACE (city or town) Manyland (State or country)  12. BIRTHPLACE (city or town) Manyland (State or country)  13. NAME  14. BIRTHPLACE (city or town) Manyland (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Manyland (Address) Memory Manyland (Address)  18. BURIAL, CREMATION, DR REMOVAL Place Country (One Removal Place Office of Country)  19. UNDERTAKER  C. May Manyland One Country (One Country)  19. UNDERTAKER  C. May Manyland One Country (One Country) One Country (One Country)  19. UNDERTAKER  C. May Manyland One Country (One Country)

If more blonks a nelsed peter longe Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 2 1930			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A.	L	L	١	A	1	Ĺ	ľ	J		3	3		(	(	Ĺ	J	,	5	LE	6		7	ľ	١	7	•	Ĺ	J	ŀ	1	)	2	Ì	J			•	ľ	Y	)	1	\$	3	E	]		3	100	ſ	7	[	A	1	I	d.	3	Ŀ	]	ľ	1	V		C	E	I		[	1		1	1	A	L	1	1	ľ	I	]	1	3"	5	3	3	3	S	8	5	S	S	9	5	5	9	9	S	S	S	S	9	9	9	S	3	3	3	5	3'	3"	5	5	5	5	5	3"	3"	3"	3"	3"	3"	,	5	5	5	1						]	1	1	1	I	I	I	I	ľ	ľ		Ι.	1	1	1	1
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mation should be carefully supplied.

-WRITE PLAINLY.

N. B.

5948

/	P 244		****		17
County				Registration Dist. No. 1	0
Village or (	city Catonsvi	ille, Md.		No. Spring Grove St. Hosp. St.,	Ward
Length of res	idence in city or town where	deeth occurred	vrs 2 mos	f death occurred in a hospital or institution, give its NAME instead of street an	d number)
	ME Blanche				A B A /
				If U. S. Veteran, specify WAR.	- 11 11
(a) Resider	ice: No. Spring	(Usual place	nospical	St., Ward. 2209 Elombard St.	Bralta Mi
PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX female	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED,  O (write the word)  I dowed	21. DATE OF DEATH June 8  (Month) (Day)	, 193 <b>6</b> (Yeer)
5e. If married, widow HUSBAND of (or) WIFE of		d Claude	E. Feeron	22. I HEREBY CERTIFY, Thet I attende	ed deceased from
				March 24 , 1936 , to June 8	
	(month, day, and year)	February		1 lest sew her elive on June 8 , 1936 to heve occurred on the dete stated above, at 1:50 anm.	; death is said
	ars Months	Days	if LESS then 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance	
58 years		2	ormin.	were as follows:	Date of onset
kind of	work done, es SPINNER,	ho	usewife	Arteriosclerosis	
9 Jadustry or	business In which			Arterioscierosia	prior
work was	s done, as SILK MILL, LL, BANK, etc	*		***************************************	March, 1936
IO. Dete decease this occurrent	sed last worked at petion (month end Marc	h.1936 spei	me (yeers) nt in this pation		
12. BIRTHPLACE (c	ity or town) Balti	more, Mar		Other Contributory Causes of Importance:	
(Stete or cou				Chronic nephritis	11 11
T	Andrew Stewar		•		
4 14. BIRTHPLAC	E (city or town) Be	lltimore, l	Md.	Neme of operation Date of	
(Stete o	r country)			Whet test confirmed diegnosis? Was there e	n autopsy?
T. C.	AME Mary E. Me	rtin		23. iI death was due to externel ceuses (VIOLENCE) fili in also the Iollow	ring: no
0 16. BIRTHPLAC	E (city or town) Bal	timore, M	d	Accident, suicide, or homicide? Date oI injury	, 19
	r country)			Where did Injury occur? (Specify city or town, county and S	State)
17. INFORMANT (Address)	Spring Grove	St. Hosp.	records	Specily whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC	PLACE,
18. BURIAL, CREMA	TION, OR REMOYAL	1		Menner of Injury	
Piace Co	day Hell	Pate / SIN	nl 10,1936	Nature oI injury	
19. UNDERTAKER	hennut	to olle		24. Was disease or injury in any way related to occupetion of deceesed?_	no
(Address)	I DU B TO TO V	tiguller	/	II so, specify P	
20. FILED (5.7.	Q= 19	1/0/-	- dolla	(Signed) Chap. K. Achund	M. D
	2/	- Em Care	Registrar.	(Address) agonorelle	ud

If more blanks are needed, addres Side Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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of importance were as follows.	th and related causes Date of onset ws:
Arteriosclerosis 8. 1915 Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1921 Run over by street car	1 week ago
Cerebral hemorrhage Puly 5, 1927 Peritonitis	3 days ago
(B) (B)	
Other contributory causes of importance: Other contributory causes of	f importance:
Gallstones Gastroenteritis	1 year

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

5949

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 44
Village or City Middle River	No. Bird River Road St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Selma A. Fischer  (a) Residence: No. Bird River Road  (Usual place of abode)	If U.S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Female White Married	21. DATE OF DEATH  June 25th  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul J. Fischer	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 7, 1864  7. AGE Years Months Days If LESS than 1 day,hr ormin.	I last saw h_2 alive on
8. Trade, profession, or particular kind of work done, as SPINNER, At Home SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Consistence of importance:
12. BIRTHPLACE (city or town) Koeingshein Saxon (State or country) Germany  5 13. NAME Schoenfeldt	- Willeff James of Importance.
I3. NAME Schoenfeldt  14. BIRTHPLACE (city or town)  (State or country) Germany	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mr. Paul J. Fischer,	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Middle River, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Zion Luth, Cem, Date June 28, 19 3	Manner of injury Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?
(Address) 7401 Belair Road  20. FILED Losse 2719.36 Jan & Connelly Registral.	If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mue 20.19 36

-- Was there an autopsy?-/-/-

all

Date of enset

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. Village or City Lochearn No. Liberty Heights & Sylven Priise. (If death gecurred in a hospital or inglitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred PHYSICIAN 2. FULL NAME Benjamin H. Franklin (a) Residence: No. Sylvian Drive Lockearn If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH Male OR DIVORCED (write the word) White June 20, 1936 BINDING 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from Catherine Franklin (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Feb. 6, 1887 7. AGE Days If LESS than 1 day, \_\_\_\_hrs. 14 The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Promoter RESERVED back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation\_ Baltimore 12. BIRTHPLACE (city or town) Maryland (State or country) FATHER Jacob Franklin 14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland carefully MOTHER Mary Johnson 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Baltimore DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? \_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 Marvland (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) 17. INFORMANT Mrs. Catherine Franklin (Address) Sylvian Brive plnods Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF 18. BURIAL, CREMATION, OR REMOVAL CAUSE Place Druid Ridge Date June 24, 1936 24. Was disease or injury in any way related to occupation of deceased? leet If so, specify Registrar.

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Chronic interstitial nephritis JUL & 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Address) \_\_

If more blanks are needed, address State Rogistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

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Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	しし 当 は戦	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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23	U.	10	1.3
5	J	17	U

1. PLACE OF DEATH	0900
County Ballmane	Registration Dist. No. 39
Village or City moreletin md.	NoSt Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joan dee juhis	nas-
(a) Residence: No. V membet med	.e_St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5. Konsiderida il	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(d) with any	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) aug 18 1934	I last saw h alive on
7. AGE Years Q Months Days If LESS than	to have occurred on the date stated above, at _H.30P.m.
28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Probably accidental Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this securation works and this securation works and the security which is secured to the security which is the s	acouring - Release d on
SAW MILL, BANK, etc	a boat way not involved, cut R.
Spellt III (III)	States attorney Inguns
year) occupation	Other Contributory Courses of importante:
12. BIRTHPLACE (city or town) Dalting	Centopory by of Loward Malters
(State or country)	a small child tohat wandered away from her home
I 13. NAME Martin D. tuhunan Je	June 12th, 1936 Three days later her lody was found in
14. BIRTHPLACE (city or town) Poultrice	Name of operation a small revers fust back of Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ella Jayla  16. BIRTHPLACE (city or town) Baltanson, 7.	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) altrusary,	Accident, suicide, or homicide? Accident. Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Conway Robinson (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Accidental dogowning/
Place St. Manys Dalla Date Gune 17, 1936	Nature of injury
19. UNDERTAKER Was C Banks 48mg	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Sparles med	If so, specify
20. FILED June 16 1936 Francis & Blake	(Signed) La Statter Celle Congression
Registrar.	(Address) Corhysoile

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting V.S. No. x.

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Other contributory causes of importance?		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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1	11	pu	0
U	J	0	3

1. PLACE OF DEATH		>	
County Ballework		Registration Dist. No. 30	
Village or City Catousville	No. 117 ele		Wa
Length of residence in city or town where death occurred 28, y		or institution, give its NAME instead of street and U.S. if of foreign birth?yrs	
81 1 5.0 -	7 7 1	0.3.11 of foreign bittin:yis	Inos
2. FULL NAME SOUVER MET	arrew Julion	1	
(a) Residence: No. // 7 llly llude (Usual place of abo	CCC St., Ward.	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDIC	AL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, OR DIVORCED (*u)	ite the word)	ATH June (Day)	, 193 <b>6</b>
If merried, widowed, or divorced HUSBAND of (or) WIFE of Weisselful B Fa	elon 22. Fer 8.	EBY CERTIFY That I ettende	d deceased 1
DATE OF BIRTH (month, day, and year) May 20 /	859 Hast saw harra aliv	e on June 1 , 19 3	4; death is
		date stated ebove, at 3.25 A.m.	
	ay,hrs. The PRINCIPAL CAUSE ( were es follows:	OF DEATH and related causes of importence	Date of o
S. Trade, profession, or particular	90		Date of o
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	well Reut dil	alalian of the heart	6/
SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and 1900 sometime year)	ea(1)		
	Dther Coutributory Cause		2/5
BIRTHPLACE (city or town) (State or country)	num assers	t huberleurin	
13. NAME Eliska m / Hu	elm	anguitant and	
14. BIRTHPLACE (city or town)	Name of operation	Date of	
(State or country)	What test confirmed diegr	nosis? Was there ar	
15. MAIDEN NAMES analy The Fare	23. If death was due to ext	ernal causes (VIOLENCE) fill in elso the followi	ng:
16. BIRTHPLACE (city or town)	Accident, suicide, or homi	icide? Date of Injury	, 19
(Stete or country)	Where did injury occur?	(Specify city or town, county and St	
INFORMANT Mrs. 6. M. Fullon (Address) 4.7 Lug Plank ar Cal	Specify whether injury oc	curred In INDUSTRY, In HDME, or in PUBLIC P	LACE.
BURIAL, CREMATION, DE REMOVAL	Manner of injury		
Plage Occupant and Date Mark	Nature of Injury		
UNDERTAKER Caston Coup (Address)	24. Was diseese or injury  If so, specify	In any way related to occupation of deceased?	no
FILED June 4, 1936 H Condrease	(Signed) (Address)	1 July aung	. /
O took	Registrar. (Address) State Registrar, 2411 N. Charles Street, Balti	Catomyrely M	1

V. S. No. 1

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Cerebral hemorrhage i CEIVED	July 5,1927	Peritonilis	3 days ago
JUL 2 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

-WRITE

19. UNDERTAKER (Address)

	F MARYLAND—	CERTIFICATE OF DEATH	54
1. PLACE OF DEATH			
County 19 agetur	rol	Registration Dist. No. 3-4	
Village or City Styrice		No. St.,  death occurred in a hospital or institution, give its NAME instead of street and num	Wai
Length of residence in city or town where			
2. FULL NAME Leving	x Horsey C	Sambull	
(a) Residence: No. 12.10	Buther Ro	C. St., Ward.	
(a) Nooluonio. No. 12.20	(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Lemale Ahate	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay)	13 6
Sa. If married, widowed, or divorced	2 2 2 1 100	// / / / / / / / / / / / / / / / / / / /	(Year)
HUSBAND of (or) WIFE of Millard 70	elson Jambull	22.   I HEREBY CERTIFY, That I attended dec	eased fr
	June 25, 1860	26 34	_حــ 19
5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Devs   If LESS than	l last saw her alive on Mare 3, 1936; d	eath is s
7. AGE Years Months	1 day,hrs.	to have occurred on the date stated above, at	
2 Trade profession or positively	ormin.	were as follows:	ate of one
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	It Home.	for any	
9. Industry or business in which		Se alum	
work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked et this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	arleatore	4-0-1	
(State or country)	10	Reclas pemorehay	
13. NAME from Re	ed Horsey	7	
13. NAME PROPERTY PLACE (city or town)		Name of operation / Manual Oate of	
(State or country)	ily baroung	What test confirmed diagnosis? Wes there an auto	psy?
15. MAIOEN NAME Low	ettelsh	23. If death was due to external causes (VIOLENCE) fill in also the following:	
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(State or country)	1 00	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT / + arry (Address)	Banbrell.	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Allemon	note Jan 27,19 Ble	Nature of injury	
19. UNDERTAKER Hom	2021	24. Was disease or injury in any way related to occupation of deceased?	

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If so, specify (Signed)

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PITHTALL V. S.			
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEA 1. PLACE OF DEATH should Registration Dist. No. (Il death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement How long In U.S. if of foreign birth?... Usual place of abode If nonresident give city or town and State Exact PERSONAL AND STATISTICAL REC PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Mella marrie 5a. If married, widowed, or divorced HUSBAND of IHER EBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate properly 7. AGE Years Months If LESS than to have occurred on the date stated above, at 1 day, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ju may back should . Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc .... 10. Date deceased last worked at 11 Total time (years) no this occupation (month and spent in this that GE year) instructions occupation \_\_ Other Contributory Canses of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation. (State or country) carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town). Accident, suicide, or homicide? (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT should OF (Address) 18. BURIAL, CREMACON, OR REMOVAL Manner of injury 00 CAUSE mation TION Nature of injury\_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

S. No.

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5956
1. PLACE OF DEATH	93-6
County Sultimore	Registration Dist. No.
Village or City Cutono ville, Mc	No. St., Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)  isds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Laure Lyrsan	7
10110 11	Ward X
(a) Residence: No. 104 H Musteus (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of Line they Carraway.	22. Nan 10 10 36 to June 4 10 3
1003	044
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 22/2m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Carling decompelerate Date of one
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	aente myocaratil man
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date decesed last worked at this occupation (month and year)	
Joseph Company	Dther Contributory Causes of importance:
(State or country)	alale Francis lepe
	- Jensey
1 1 2 000 0	
(State or country)	Name of operation
15. MAIDEN NAME College Touge	What test confirmed diagnosis? Was there en autopsy?
The property of the second sec	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Council Co. (State or country)	Where did injury occur?
17. INFORMANT M L. C. Williams (Address) Suffer V. Illiams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place/ The Proce Contypate June 6, 1950	Neture of injury
9. UNDERTAKER 6 M. Halt	24. Was disease or injury in any wey relaced to occupation of deceased? NO
(Address) Amifulia Mil	If so, specify
20, FILED I L. 19 The Registrat.	(Signed) / What Havelen M (Address) 102 winters Classicalle, or
If more blanks are leaded, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of onset of importance were as follows:  Arteriosclerosis RECEIVED 1915		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JU 4	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				2 102

V. S. No. 1 N. B.

f infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5954
1. PLACE OF DEATH	920 b E
County Balta	Registration Dist. No.
Village or City Freeland (R. D)	NoSt,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?msmsds,
2. FULL NAME Mary C. Lore	B
(a) Residence: No. Freeland (B. D)	St., Ward.
(a) Residence. No. (Usual place of abide)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Frank P. Gore.	22. I HEREBY CERTIFY, That I attended deceased from  May 255 1936 to James 2 1936
6. DATE OF BIRTH (month, day, and year) & while the 1850	I last saw her aliva on Jame 2 - , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11+ 12 P.m.
80 // 3. 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Oate of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (ment) and	Muhal Reguigifaling
work wes done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Sallo. Co. (State or country)	A 01 1
0.0	Certeno Sclerosis!
I.	
[ 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIOEN NAME Caroline Wilhelm	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Caroline Wilhelm  16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Mas Tages (Address) (Freeland ) Med (PA)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CHARDON, UR REMOVAL MULABLETONING Cerrelery Date June 11, 1936	Manner of injury
19. UNDERTAKER Paul M. Harteusteur (Address) New Freedows Pau	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED AML 9 193 4 10	(Signed) I Ligade M. D.
20. FILED 29.75 Registrar.	(Address) new Freedow Pa:

If more blanks are needed, addred State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of onset of importance were as follows:  Arteriosclerosis 1936 1915		Example II	
		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V.	S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

of infor-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>	93-20
County Dally	more	Registration Dist.
Village or City Lace		No.
Length of residence in city or town where do		f death occurred in a hospital or institution, give its NAME inste sds. How long in U.S. if of foreign birth?
2. FULL NAME ANNUE	· Groen -	
(a) Residence: No.	V)	C4 Word
(a) hesidence. No.	(Usual place of abode)	St., Ward.  If nonresident give of
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF BEATH
FW	widowed	(Month)
5a. If married, widowed or divorced HUSBAND of		22. A HEREBY CERTIFY. T
(or) WIFE of John In	cer	THE 3 1934 to Sen
6. DATE OF BERTH (month, day, and year)	asol 6-1850	I last saw her alive on Library 4
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 11:20P
86 3	/ 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of i
8. Trade, profession, or particular	, , , , , , , , , , , , , , , , , , , ,	arteriochertie Care
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	***************************************	vasular diasa
10. Data deceased last worked at	11. Total time (years)	
this occupation (month and year)	spent in this	
12. BIRTHPLACE (city or town) Balt	emore City	Other Contributory Causes of importance:
(State or country)		particular production
13. NAME Trederys	Sachs!	
14. BIRTHPLACE (city or town)	nany	Name of operation
(State or country)	T. T.	What test confirmed diagnosis Isrue
15. MAIDEN NAME Lena Be	M	23. If death was due to external causes (VIOLENCE) fill in a
16. BIRTHPLACE (city or town)	nany	Accident, suicide, or homicide? Date of
(State or country)		Where did injury occur?
17. INFORMANT (Address)	e md.	(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, o
18. BURIAL, CREMATION, OR REMOVAL	7 7 51	Manner of injury
Place Wate Lawn	Date 7 7 1936	Nature of Injury
19. UNDERTAKER A TO	melly	24. Was disease or injury in any way related to occupation
(Address)	of The.	If so, specify
6-25 36 5/1	167000	(Signed) // Mallingar

5958

remore	Registration Dist. No. 44
rev	NoSt. Ward
./ 7	(If death occurred in a hospital or institution, give its NAME instead of street and number)
n where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
me neen	, //.
sex	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF BEATH
undoved	(Month) (Day) (Year)
G	22. A HEREBY CERTIFY That I attended decased from
neen	1934 to June 24 1936
majol 6-185	7 1 216
onths Days If LESS than	, July , ueatil is said
3 /9 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Data of onset
NER,	aneusesteeth faides
	Musulm ansens
L,	
11. Total time (years) spent in this	
occupation	
alternore City	Other Contributory Causes of Importance:
Al Sachs!	
Tennany	Name of operation. Date of Date of
- 6	What test confirmed diagnosis 11 Was there an au'opsy?
Bull	
Termany	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
	(Specify city or town, county and State)
f ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
Dajo 27 193	Nature of Injury
3-60	reature of mjury
meny	24. Was disease or injury in any way related to occupation of deceased?
dillet.	If so, specify Manual Andrew
youn / I learnell	(Signed) M. D.
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-, Diana are necueu, address State Registi	ui, 2411 14. Charles Street, Dattimore, Requesting 'U. S. No. 1.

V. S. No. 1

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Example I		Example II		
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 0 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar.

	If nonreside	nt give city or town a	and State
MEDICAL	ERTIFICAT	E OF DEATH	
21. DATE OF DEATH	usel	ß	, 193 6
	(Month)	(Day)	(Year)
1 I HEREBY I last saw h. M. alive on to have occurred on the date state	Mark 10 h	anc 3	ed deceased from , 1955 & Z, death is said
The PRINCIPAL CAUSE OF DEAT		usan of importance	
wara as follows:	n and related car	uses of importance	Date of onset
Chron	u m	ephrele	2
	***************************************		
Other Contributory Causes of impo	ortance)	)	4
Adeo	holic		
Name of oparation		Date of	
What test confirmed diagnosis?		Was there a	n autopsy?
23. If death was dua to axternal car	uses (VIOL ENCE)	fill in also the follow	ring:
Accident, suicide, or homicide?	•••••	_ Date of injury	, 19
Where did Injury occur? Specify whether Injury occurred i		or town, county and S IOME, or In PUBLIC	
Manner of Injury			
Nature of Injury			
24. Was disease or injury in any w	ay related to occu	uparion of deceased?.	
(Signed)	4.D	fell	
(Addrass) _ (	estles	may /VL	1
411 N. Charles Street, Baltimore, R.	equesting U. S. N	o. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	-
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ogo
Chronic interstitiol nephritis  Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cereoral Remorrange	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

LION

(Address)

of OCCUPA-

pinous

#### 1. PLACE OF DEATH Village or City Length of rasidence in city or town where death occurred mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of une 22, 1936 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Yaars 1 day, ...---hrs. or ..... min. 8. Trade, profession, or particular kind of work dona, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..\_\_\_\_ 10. Date dacaased last worked at this occupation (month and 11. Total time (years) spent in this occupation \_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) HER 15. MAIDEN NAME MOTI 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL \_Date\_\_ 19. UNDERTAKER

Registration Dist. No. 43	
No. 18 Lindles Que . Ovulea St., / 9 Heath occurred in a hospital or institution, give its NAME instead of street and u	Ward
ds. How long in U.S. if of foreign birth?mo	
resa (Colored)	
Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH  (Month) (Day)	, 193.6 (Yaar)
22.   HEREBY CERTIFY, That I attended	deceased from
	19
I last saw h alive on 19	
to have occurred on the date stated above, atm,	, duath is seid
The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
were as follows:	Date of enset
Apillovik _	
( mmature)	
	~~~~~
Other Contributory Causes of Importance:	11000
Nama of operation Date of	
What test confirmed diagnosis? Was thara an a	utopsy?
23. If death was due to axternal causes (VIOLENCE) fill in also the following	
Accident, suicide, or homicide? Date of injury	
Where did injury occur?	, 17
(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
Spacing whether injury occurred in INDOSTRI, in HOME, of in PODEIC PER	NGE.
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	
(Signed) Surfage a Dut	M. D.
(Addrass) 6801 Belain & Rd	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 3,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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shy. B.

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

BINDING MARGIN RESERVED

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Evamula I

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Example II

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 2 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	- Constitution of the Cons	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item 5f infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
	f in	d st	CUI	
}	S in	nou	00	
	ite	70	of	
	very	AN	nent	
	回 回	SICI	ater	
	E	HX	t st	
	SEC.	Ь	xac	
	L	Y.	<u> </u>	
	NEN	LI	fied	
	MA	A	assi	
	ER	E	y cl	te.
	A I	ted	perl	ifica
	IS	sta	pro	cert
	HIS	be	pe	Jo
	T	pluo	may	back
	INK	sh	it	on l
	16	1GE	that	Suc
	DIV	l. 1	80	ucti
	IFA	plied	rms,	nstr
	5	dns	n te	ee ii
	ITH	Illy	plain	· .
	M.	refu	ii.	tant
	FY	e ca	ATH	por
	AIL	q p	DE	y in
	PL	houl	OF	Ver
	ITE	s uc	SE	E.
0	WR	natic	AU	TION is very important. See instructions on back of certificate.
			~	

STA

TE	OF	MARYLAND—CERTIFICATE OF DEATH	5594
		(AUTO)	

1	. PLACE OF DEATH		
	County Ballema	re	Registration Dist. No. 30
	Village or City Catons	ille	No. Tearing Twee Kongs St. Ward
		(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town whera	death occurredyrsmo	s. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2	FULL NAME Marth	a fammon	If U. S. Veteran, specify WAR
9	(a) Residence: No. I rede	rich County	St., Ward,
phila		(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
1	emale White	Married	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBANO of		22. I HEREBY CERTIEV That I attended deceased from
	(or) WIFE of Undano	w	22. I HEREBY CERTIFY That I attended deceased from
	guly	16-1844	Plast sawh 2 alive on 2 25 19 3 5 death is said
_	DATE OF BIRTH (month, day, and year)  AGE Years Months	Oays   If LESS than	to have occurred on the date stated above, at 2
	31	2   1 day,hrs.	
	8. Trade, profession, or particular	l ormin.	were as follows:
NO	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	laurewels.	Pathological Graeture caused by rarefaction of
OCCUPATION	9. Industry or husiness in which		Denilly tone at ack and shafts 1914
UP	work was done, as SILK MILL, SAW MILL, BANK, etc		deverdaged Helenorderone 1914
CC	10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	Occurred in tedy at Storing Isoner Hospital.
	yaar)	occupation	June 36
12	BIRTHPLACE (city or town)	uland	Other Coutributory Causes of importance:
14.	(State or country)	E	Vothalaqual Fracture Pract With 12
ER	13. NAME Marks	non	To my se du tu de col silvestion quel
FATHER	LA DIDTUDI ACCIONAL AND MILE		thenney.
FA	14. BIRTHPLACE (city or town)(State or country)	manow y.	
ER	15. MAIOEN NAME 11 11 6	nown	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causas (VIOL ENCE) fill in also the following:
MOTHER	TO DIPTURE ARE (III	la same area	Accident, suicide, or homicide? Qualification Oata of Injury 19
MO	16. BIRTHPLACE (city or town)(State or country)	manus -	Where did Injury occurretans cally 6 Baltimore Causty 19
	6 . 9	Van Par 1	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address)	My person	Occorred in Ledy at Spring Grove Hospital
18.	BURIAL, CREMATION, OR REMODIAL	em 7/	Manner of injury Pathologistal Greeture 2 exerusing in today
	Place /	Oate / 7 ,19.3/	Nature of injury Francisco of right Corners
	The state of the s	1 1	7 1
19.	UNDERTAKER Andrews	in Hop	24. Was disease or injury in any way related to occupation of deceased?
-	(Variation)	111	If so, specify Harms
20.	FILED	Wudua	(Signed) feetall Charles M. D.

If more blanks are with sides State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II
The principal cause of death and related causes Date of onset of importance were as follows:
Attack of epilepsy 1 week ago
Run over by street car 1 week ago
27 Peritonitis 3 days ago
Other contributory causes of importance:
23 Gastroenteritis 1 year
92

V. S. No. 1

19. UNDERTAKER

20. FILED.

(Address)

740

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5961
1. PLACE OF DEATH	940
County Baltimore	Registration Dist. No. 43
	No. Philadelphia Rd. & Golden Ring Av f death occurred in a hospital or institution, give its NAME instead of street and number)
(1	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
The state of the s	
2. FULL NAME Edward J. Herrmann	
(a) Residence: No. Phila. Rd. & Golden Rin (Usual place of abode)	18 St. V.C. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  June 4th, 193.6  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Herrmann	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 26, 1860	f asy saw h alive on such 4, 1936; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 7.2 3QP.m.
76 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Auctioneer SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at lil. Total time (years) spent in this occupation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this securation (month and spent in this security spent in this spent in this security spent in this spent in this spent in this security spent in this	Coronay Sclerous
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Balto. (State or country) Md.	Other Contributory Causes of importance:
13. NAME Peter Herrmann	
13. NAME Peter Herrmann  14. BIRTHPLACE (city or town) Unknown (State or country) Germany	Name of operation Date of Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary A. Harp  16. BIRTHPLACE (city or town) Darms tad  (State or country) Germany	Accident, suicide, or homicide?
17. INFORMANT Mrs. Anna M. Herrmann (Address) Phila. Rd. & Golden Ring A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Zion Luth. Cem. Date June 4 ,1936	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed).

(Address)

Road

Belair

24. Was disease or injury in any may related to occupation of deceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Manifest

N. B.-

infor-

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(82:0)	
County Dalto	Registration Dist. No. 40	
Village or City Unper Halls	No. St.	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence in city or town where death occurredn	osds. How long in U.S. If of foreign birth?yrsmos	sds
2. FULL NAME Samuel U. Idissey		
(a) Residence: No. Myspe Falls	St., Ward.	
(Usual blace of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	1936
5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day)	(Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended d	leceased from
Now.	June 13 , 1936, to June 16	1926.
6. DATE OF BIRTH (month, day, and year) World 17, 185	Mast saw h 1 32 alive on June 16 1936	; death is sai
7. AGE Years Months Days If DESS than	to have occurred on the date stated above, at	
18 1 30 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	D 4 4
8. Trada, profession, or particular	Chefral Hermanlage	Date of ones
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		0
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		
SAW MILL, BANK, etc. 11. Total tima (years)		
this occupation (month and spent in this year)	<u></u>	
No it loss of	Other Coutributory Canses of importance:	-
12. BIRTHPLACE (city or town) 1 1 0 100 1 110 1	arleno redions	
13. NAME Vellam State 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Data of	
	What test confirmed diagnosis? Was there an au	topsy?
I 15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury	=, 19
(Stata or country)	Where did injury occur?	
17. INFORMANT To the Comp. My Com.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) up por todes hid		
18. BURIAL, OREMATION, OR REMOVAL	Manner of Injury	
Place W. Date June 195	Nature of injury	
19. UNDERTAKER WITH DOWNER OF	24. Was diseasa or injury in any way related to occupation of deceased?	w
(Address) 1/1 Thought Dale	If so, specify Haying 19 Pheller	
20, FILED sume 16 1936 Ps Walte Hamme	(Signed) / fly pheller	М.Г

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(25)
CountyBaltimore	Registration Dist. No. 38
Village or City EUDOWOOD SANATORIUM, TOWSON,	MND. St., Ward feeth occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Daniel Humme	A low long In U.S. if of foreign birth? yrs mos ds
(a) Residence: No. 2941 Fait and (Usual place of abode)	St., Ward. Sallina 000 /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  15 (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet i ettanded deceesed from
6. DATE OF BIRTH (month, day, and year) December 12, 1908	1/2 1/36 to June 15 , 1936 ; death Is sale
7. AGE Years   Months Deys   If LESS than 1 day,hrs.	to have occurred on the date steted above, etAm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Pho a man Ture and see mark
9. Industry or business In which work was done, as SILK MILL. Steamship Compay	193-
10. Date deceased lest worked at this occupation (month and yaar) 11. Total tima (yeers) spent In this occupation 9	
12. BIRTHPLACE (city or town) Boltimone (State or country)	Dther Contributory Causes of Importance:
13. NAME Oseph Hunnel  14. BIRTHPLACE (city or town) Baltimore	
(Stete or country)	Name of operation Dete of Dete of Wes I here an eutopsy? Lo
15. MAIDEN NAME & Ligabeth Huber  16. BIRTHPLACE (city or town) Ballimon	23. If death was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?, 19, 19
(State or country)  Hospital RecordsPersonal History	Where did injury occur? (Specify city or town county and State)
Fudamenod Sanatorium, Towson, Md.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Fath Roma 6 m 1 Determine 18, 1036	Menner of injury
19. UNDERTAKER GEORGE W Zikly (Address) 17307 & Edge 25.	24. Was diseasa or injury in eny way related to occupetion of deceesad? \( \textstyle \t
20. FILED & UNE 15, 1936 AM Bacon - Registrar.	(Signed) A Guidge M. D. (Address) Towson, Md.

7. S. No. 1

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

MARGIN RESERVED

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAI

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhaph C E C	July 5, 1927	Peritonitis	3 days ago
JUL 7 1936			
Other contributory causes of importance:S-		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

FOR BINDING

MARGIN RESERVED

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	1. PLACE OF DEATH	(227)	
	County / altinoone,	Registration Dist. No. 38	
	Village or City Commers Leer	NoSt.,	Ward
		f death occurred in a hospital or institution, give its NAME instead of street and s	
	2. FULL NAME Joseph Lyther Ilg	enforcety. S. Veteran, specify WAR no.	
	(a) Residence: No. 503 Grelrooks Road (Usual place of abode)	St., Ward.  If nonresident give city or town and	: d State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29	, 1936 .
	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
	HUSBAND of Margaret Making I lgent	1 HEREBY CERTIFY, That I ettended	deceesed from
te.	6. DATE OF BIRTH (month, day, end year)	I last saw ham alive on June 9. 1936	.a; death is seld
ficate	7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 2.4.32 m.	
certifi	19 67 1 18 19 or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Oata of onset
o jo	8. Trede, profession, or particular kind of work done, es SPINNER, Photografher SAWYER, BOUKKEPER, etc	asallo vis	6/29/3
	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		7-4-4
instructions on back	1) To Date deceased last worked at		
ns	this occupation (month and year)	Other Coutributory Causes of importance;	
ctio	12. BIRTHPLACE (city or town) orse. P. emma.	- A	
tru	(State or country)	Celtro-Aleroses 4	11-1
ins	13. NAME Y oseph It. I genfritz	Hefferleisen	ceus
See	4. BIRTHPLACE (city or town)	Neme of operation	
	(State or country)	Whet test confirmed diagnosis? Wes there en	autopsy?
ant.	I 15. MAIDEN NAME Many W. S. Lings	23. If death was due to external causes (VIOLENCE) fill in also the following	•
important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
imp	O control o de la	Where did Injury occur? (Specify city or town, county and Sta	ite)
	17. INFORMANT (Address) / A Parada and Color	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PI	ACE.
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Drud Redgs Date Duly 18th, 1931.	Neture of injury	
LION	19. UNDERTAKER & Alma Bushas Sons 1	24. Was disease or injury In any way releted to occupation of deceased?	wo.
E	(Adjust + one one wild a)	If so, specify / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / /	£
1	20. FHEN 48 30 36 BUCAMAR Parton	(Signed) Stuffbelle H	_/м. о
1	Augusts of Cal Registrar.	(Address) Justin - W	
	If myre vianay are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example F	in the	Example II	
The principal cause of death and relation fus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDI AUTHORIZATION	TIONAL	CHANGE	OR F	URTHER STATE BIRTHDATE	EMENT AND	AGE:	PHYSICIAN Letter	filed	7/23/36
ROTHOILLAND	1 02.		aner						

under DR. GREEN

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	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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V. S. No. 1	00	-	~	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	950 SERVIN 5965
County Dallunger	Registration Dist. No.
Village or City Catononille My	No. thale / Inspital St., Ward
	death occurred in a hospital or institution, givits NAME instead of street and number)  death occurred in a hospital or institution, givits NAME instead of street and number)  death occurred in a hospital or institution, givits NAME instead of street and number)  death occurred in a hospital or institution, givits NAME instead of street and number)  death occurred in a hospital or institution, givits NAME instead of street and number)  death occurred in a hospital or institution, givits NAME instead of street and number)  death occurred in a hospital or institution, givits NAME instead of street and number)  death occurred in a hospital or institution, givits NAME instead of street and number)
2. FULL NAME HEARAS (Illiert for	CLU If U.S. Veteran, specify WAR
(a) Residence: No. // 2 / Dividence was true	Will With the State of the Motifier and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)  22.   (Year)  THEREBY CERTIFY That I attended deceased from
(or) WIFE of Makeryway	Tel 97 1836, 10 June 8, 1936
6. DATE OF BIRTH (month, day, and year) fan 1859	I last saw been alive on start 1, 19.36; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the data stated above, at
Trade, profession of particular- kind of work done as SPINNER.  SAWYER, BOOKKEEPER OCCUSION TREPENDENT	Serile Dementia 1923
9. Industry of business in which work to dope, a SILW mars cluical Some SAW MILL BANK, etc.	Chronic Myo cardelio Delawson
11. Total time (years)  this occupation (month and yaar)  11. Total time (years)  occupation  occupation	Julinonary Edema 6-5-736
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
13. NAME Cellers Johns	5,
13. NAME (COUNTY) 14. BIRTHPLACE (city or town) Mary Caury	Name of operation / The Date of What test commenced diagnosts Cal Y Law Was there an autopst 14
15. MAIDEN NAME CULSES TOTAL	23. If death was due to axternal causes (VIOL ENCE) fill In also tha following:
15. MAIDEN NAME (LISE FOR WAY)  16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicida, or homicide? Date of injury, 19
17. INFORMANT State Service	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL  Place Caching Sm. Data Jesse 11, 1936	Manner of injury
19. UNDERTAKER Mrs. Cogh Caul St.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 99 , 1936 Hollechrest Registrar.	(Address) Antomorphic Della M.D.
If more blankfare needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
BIT '	(83)
County Mallumare	Registration Dist. No. 3.0
Village or City sonavelle	No. St., Walf death occurred in a hospitator institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?mosmos
2. FULL NAME fiel W. Kauf m	If U. S. Veteran, specify WAR World Ware
(a) Residence: No. 117 5, Incomont Signature (Usual place of abode)	St., Ward.    O O O
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mystle May Kayman	22. I HEREBY CERTIFY, That I attended deceased fr  June 10, 1936, to June 76, 1936
6. DATE OF BfRTH (month, day, and year)	Tlast saw human alive on June 76 , 1936; death is s
7. AGE Years Months Days If LESS than 1 dey. 2 hrs. or 1 min.	to have occurred on the date stated above, et 3
8 Trade, profession, or particular kind of work done, es SPINNER, Madeurit SAWYER, BOOKKEEPER, etc.  9 Industry or business in which	Nouso- Syphiles
work was done, as SILK MILL, SAW MILL, BANK, etc	(General Passis) 193
year) occupation 12. BIRTHPLACE (city or town) Mayland (Stete or country)	Other Contributory Causes of importance:
13. NAME Frederick Us Koukman	
13. NAME Trederich Ur Laufman  14. BIRTHPLACE (city or town) Ballimore (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Taboutary Was there an autopsy?
15. MAIDEN NAME Elizabeth Fechbeche  16. BIRTHPLACE (city or town) Baltimory  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Dete of injury
17. INFORMANT Mexitle M. Kaufnan  (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date June 30, 1936	Manner of injury
19. UNDERTAKER A. Horeaus Evans (Address) MOOS. Charles of	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 27, 1936 Af C auchese.	(Signed) fe she is by garan M. (Address) Spring Trove Horas.

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Cerebral hemorrhage	July 5,1927	Reritonitis	3 days ago
		(0.)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1 Ŕ

infor-

Length of residence in city or town where death occurred 26 yrs mos. ds. How long in U.S. if of foreign blrth? yrs, mos.  2. FULL NAME Francis The process of importance were as follows:  (a) Residence: No. 10 11 12 12 12 12 12 12 12 12 12 12 12 12	106
Village or City Calender No.  No.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred 26 yrs. mos.  2. FULL NAME  (a) Residence: No. Journal Field Name  (b) Residence: No. Journal Field Name  (c) Usual place of abode  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Correct HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  Data of Particulars  1 day, hrs. or min.  Data of DEATH and releted causes of importance were as follows:  Data of DEATH and releted causes of importance were as follows:	
(a) Residence: No. Journal Field Rd St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  (or) WIFE of  1. DATE OF BIRTH (month, day, and yeer)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  1. S. Trade anglession of particular.  Data of DEATH and releted causes of importance were as follows:  Data of Data of Death and releted causes of importance were as follows:	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  5. DATE OF BIRTH (month, day, and yeer)  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  7.	
OR DIVORCED (write the word)  Sa. If merried, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. That I attended doceased (or) WIFE of  DATE OF BIRTH (month, day, and yeer)  AGE Years Months Days If LESS than I day,hrs. orhrs. or	
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  26. Trade profession or particular.  Data of	(a Year)
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 236 P. m.  26 6 15 ormin.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
- 8. Trade, profession, or particular	h is said
Note   Other Cantributary Causes of importance:   Note   Other Cantributary Causes of importan	
13. NAME Frances 3 King Was there an autopsy?	200
15. MAIDEN NAME   23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town)   California   Calif	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place John Date June 6, 1936  Natura of injury	
19. UNDERTAKER Way seed Flynn 24. Was disease or injury in eny way related to occupation of deceased? No. (Address) 2101 On Indian III 180, spacify	
2D. FILED June 5, 1936 hardel B wal (Signed) markel B wal (Address) Calonically May  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D.

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEIVED	1915	Attack of epilepsy	1 week c
Chronic interstitial nephritis	1921	Run over by street car	1 week as
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	9968
1PLACE OF DEATH	STATE OF MARYLAND
County Bills	CERTIFICATE OF DEATH
County	12
8 . —	Registration Dist. No.
Village or City Cocketton (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME William Kleys	a 4. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mode/ With the word	16 DATE OF DEATH  (Month)  (Day) 5 (Year) 36
6 DATE OF BIRTH A	17 I HEREBY CERTIFY, That I attended the deceased from
Monumber V. On	apr. 193.5. to June , 193.6.
(Month) (Day) (Year)	that I last saw h alive on June 5 , 193 6,
7 AGE   IfLESS than	and that death occurred on the date stated above, at // 45P m.
l day hrs.	The CAUSE OF DEATH * was as follows:
611 yrs. 6 mos. 10 ds. or min.?	Cerebral Lemontoge
8 OCCUPATION	artins selmonis
(a) Trade, profession or particular kind of work	Hy per tur sur
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yre. mos. de.
O DIDTUDI ACE DOIL	Contributory Secondary
9 BIRTHPLACE (State or country)  Output  Outpu	(Duration) yrs mos L ds.
	(1010 101101:
FATHER William Resport	(Signed) M. D.
() II BIRTHPLACE ROLL TONGE TONGE TONGE	June 6 193.6 (Address) Volusture Ma
OF FATHER BALTOWORD, THOSY ONE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER many Hoke Brand	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER Saltonere, Transfand (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Trow & Edward Johnston	Former or usual residence Eccleston, maryland
(Informant) 170 as a constant	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chankenste Horac, Baltan	St Thomas Garrison Forest June 8, 1036
15 51 16/6 1 1931 66 Weehols	20 UNDERTAKER . ADDRESS In Carlohy

Registrar

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t, me-

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (o) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaut, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Foreman, For many occupations a Oľ. yrs). Farm laborer, At Home, without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material and children, not gainfully em-Loborer-Coal minc, etc. Wom-Salesman. single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobor! \*pneumonia, Bronchopneumonia\* ("Pneumonia,")

permanently filed

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; and taken "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. (secondary Chronic interstitiol nephritis, State ca "PUERPERA diseases "Uruemia," "Weakness," etc., when a definite disease peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid certificate is looked over thoroughly and all questions resulting from childbirth or miscarriage as cough; or intercurrent) Medical Association.) as ACCID TIOIN 3 septicaemia," "PUERPERAL peritonitis, ons on statement of cause of Committee on which surgical operation was underated under the head of "contributory." Chronic T DEATHS state MEANS OF INJURY and consequences (e. g., sepsis, NTAL, SUICIDAL, OF HOMICIDAL, uicide. The n ture of the injury, of head-homicide; Poisoned by ssible to determine definitely. ing; Struck by railway trainetc. affection volvular heart Nomenclature The contributory Always qualify al need disease ;

1. PLACE OF DEATH	93-2
County Ballimore	Registration Dist. No. 5/3
Village or City Rasseling	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
0, 0 4 0	If U.S. Veteran specify WAR
2. FULL NAME Though C. Thack	
(a) Residence: No. 48 0 9 A Survey Ou (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Manuel	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WIFE of Pauline D. Track	22. Oct / ER EBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 29, 1860	I last saw h alive on 2 3 19 26; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7 5 8 2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER BOOKEFEER att.	
	Browcheal asthera 1926
9. Industry or business in which work was done, as SILK MILL, Luck Laure	
11. Total tima (years)	Ustern Scherry 1926
this occupation (month and spent in this occupation	lemone my carriers 1926
12 PIPTURE ACT (Situations) Bella Ca. Md.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Myrachen wo Seeres 5/30/3
" 13. NAME Ges. C. Krach	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(Stata or country)	What test confirmed diagnosis? Sign flows there an autopsy? 42
15. MAIOEN NAME Balan Missing.  16. BIRTHPLACE (city or town). Lemman	23. If death was dua to external causes (VIOLENCE) fill In also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Sy a Carline Track (Address) 4809 Kenwood are	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jemsalem Centrate June 2 619 3	Nature of injury
19. UNDERTAKER Treath: Lassahu V dan	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) 7 401 Belain Ord.	If so, specify
Do, FILED 6/25 1936 S.a. Fut m. D.	(Signed) (Signed) M. D.
Registrar.	(Address) W. Decley and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH  County Baltimane	(137) Registration Dist. No. 30
Village or City Calanavelle, Span	If death occurred in a hospital or institution, give its NAME instead of street and number)  os
2. FULL NAME Printeri Aranae  (a) Residence: No. Joughernelle Md,  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Wedowed - Unknown	22. I HEREBY CERTIFY. That I ettended deceased  Aug. 22 ,1930 to June 1 ,193
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at. 11 m.
68 4 23 1 day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Date of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Precessores (Pronched)
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year) spent in this year) occupation	resulting from benign prostation enlargement.
12. BIRTHPLACE (city or town) Wurtenbury, Germany (State or country)	Other Contributory Causes of Importance: Chronic; since march, 1936.
13. NAME plany braune	
14. BIRTHPLACE (city or town) ————————————————————————————————————	Neme of operation Date of What test confirmed diegnosis? ———————————————————————————————————
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Dainy Cham State Rays Revord (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place prince of 5-, 193	Manner of injury
19. UNDERTAKER Spring Firm Hosp.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED lef 5 , 19.3 Albudies Registrar.	(Address) Catoninelle

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 111 2 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (city or town)

15. MAIOEN NAME

(Address)

(Address)

20. FILED

13, NAME

(State or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

(State or country)

(State or country)

state OCCUPA-

item of inforplnods jo

County Baltimore Village or City Catons	e ville		Registration Dist. No. 30  No. Frederick Road & Syminst, on Avward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
C. FULL NAME Mazie  (a) Residence: No. Frede	e Catheri erick Roa (Usualplace	ne Kruhm d & Symir	ngtson Aveward.  If nonresident give city or town and State
•	s. Single, Mar or Divorce Marri n Eugene	RRIED, WIDOWED, ED (write the word) ed  Kruhm	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)  22.   HEREBY CERTIFY Thet I attended deceased from the company of th
DATE OF BIRTH (month, day, and year)  AGE Yaars Months 36  8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed lest worked at this occupation (month and	Days 21 None	If LESS than I day,hrs. ormin.	I last saw h

occupation \_\_\_\_\_ Other Contributory Causes of Importance Baltimore Maryland Patrick Garvey Treland What test confirmed diagnosis? Higgins 23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Ireland Where did injury occur? Marvin E. Kruhm Ave. 18. BURIAL, CREMATION, OR REMOVAL Cathedral Ceme If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	2381
The principal cause of death and related values of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 1035	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage  BOREAU  V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

plnods

1. PLACE OF DEATH

2. FULL NAME

(a) Residence: No. //

Length of residence in city or town where death occurred.

PERSONAL AND STATISTICAL PARTICULARS

TR	K.	4. COLOR OR RACE S. SINGLE, MARKED, WIDOWE OR DIVORCED (write the wo	
MANEN	ACTI assifted.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Lee	22. MIHEREBY C
INK—THIS IS A PERMA	should be stated EX t it may be properly cl on back of certificate.	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Jay  I day,  or  mir  8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month and spent in this	-hrs. The PRINCIPAL CAUSE OF DEATH a
UNFADING	supplied. AGE n terms, so that ee instructions o	12. BIRTHPLACE (city or town) Picewill  (State or country)  22   13. NAME John Schemble.	Other Contributory Causes of importar
-	sul in t	13. NAME John Schereft.  14. BIRTHPLACE (city or town) Jown (State or country)	Nama of operation uxtm What tast confirmed diagnosis?
PLACEY, WITH	be carefu EATH in important	15. MAIDEN NAME  16. BIRTHPLACE (city or town):  (Stata or country)  17. INFDRMANT MAR. John Marketter (Address):  (Address):	23. If death was due to external causes Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred In IN
WRITE P	on should ISE OF D N is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
B.	mati CAU TIO	19. UNDERTAKER Liller Teiler Pre (Address) 403 J. Wolfe L. 20. FILED MM 30 1, 1976 J. L. L. Larmiek	24. Was disease or injury in any way in lf so, specify  (Signed)
Z	0	20. FILED PARTY Registry	(Address) Opo a

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. If U.S. Veteran specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH Y. That I attended deceased from Was there an autopsy? (VIOLENCE) fill in also the following: \_\_ Date of injury\_\_\_\_\_\_\_19. (Specify city or town, county and State) DUSTRY, In HOME, or in PUBLIC PLACE. related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E. C. E. D.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BUREAU V, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## infor-Exact statement of OCCUPA.

stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every properly classified. certificate. WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PLAINLY, B

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92-0
County Baltimore	Registration Dist. No. 44
Village or City Spannes Think	No. 8 2 0 6. St. Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME minnie Cava La	gan If U. S. Veteran, specify WAR
(a) Residence: No. 820 6. St. Spanowe	Kt., Ward.
(Usualplace of phode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERVIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Servale 4. COLOR OR RACE OR DIVORCED (write the word) MANUEL	21. DATE OF DEATH fine 27 193 (Wonth) (Oay) (Year)
5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of  Frank (a. Logan)	22. A I HERENY CERTIFY, That I attended deceased from
( 17 1	- gan 1: 1936, of gum 2/ 1936
6. DATE OF BIRTH (month, day, and year) Curg. //- //	I last saw h La aliva on
7. AGE Years Months Oays If LESS than I day,hrs	th have occurred on the data stated above, it
J8 /0 /0 ormin.	were as follows: Oate of oneset
8. Trade, profession, or particular kind of work done, as SPI NNER, Housewife SAWYER, BODKKEPER, etc.	Chronic Myrandilis
SAWYER, BODKKEEPER, etc.	and milial otherspring Interes
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and yaar)  11. Total time (years) spent in this occupation	
B-14	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	nne
0100	
13. NAME Charles A. Willer  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosisting. Lame Was there an autopsy?
15. MAIDEN NAME Mary G. Wayso  16. BIRTHPLACE (city or town) Baltinone	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Saltinone	Accident, suicide, or homicide? Date of Injury19
∑ (Stata or country) And	Where did injury occur?
17. INFORMANT Franks a. Logan (Address) 820 E'St. Spanons (+.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cate Lawn Oate Juny 1 dt 19 3	Natura of injury
19. UNDERTAKER John G. Connelly	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) Jawan Le. Karber M. D.
20. FILED JUNY 30, 19.3 & Sa. g. C. Mc Cormick Registrar.	(Address) - p. Ifarrine Point Inf
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 5974
1. PLACE OF DEATH	
county lest temony	Registration Dist, No.
Village or City Sparrow Tonit	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in clty of town where deeth occurredyrs	mosds. Hew long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Robert Verngy 1,	Markel 2
(a) Residence: No. 1320 Forust (Usual place of abode)	Styl moves Fore 1. Mel
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR ON RACE S. SINGLE, MARKIEU, WIDOWED OR DIVORCED (with the word)	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended the eased the
0 110 7	- muliligated sucho fund Phost
6. DATE OF BIRTH (month, day, end year) , 1977  7. AGE Yeers Months Days If LESS the	last saw h, 19; death is sale
7. AGE Yeers Months Days If LESS' their I day, or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Schoolboy SAWYER, BOOKKEPPER, etc.	while bothing in
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked et this occupation (month and	Petapieo Reves.
10. Date decessed last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Cantributary Causes of Importance:
# 13. NAME & ours 7. Markel	
14. BIRTHPLACE (city or town) may aug	Name of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Marguret Joyce  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Accident Date of injury
17. INFORMANT Glory Marcel (Address) 13 20 Forest Road offends	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Talentood	Manner of injury
19. UNDERTAKER APPEN Confidence of the Confidenc	24. Was disease or injury in any wey releted to occupation of deceased?  If so, specify
20. FILED WILL 20th, 1936 G & Melomikesing	
If more blanks are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis     6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 5976					
1. PLACE OF DEATH	942				
County Paltimore,	Registration Dist. No. 30				
Village or City Cataninille ( distu	A of Noucheust House ) St. Ward				
2	If death occurred in a hospital or institution, give its NAME instead of street and number)				
0 8 4 14 16	os. ds. How long in U. S. if of foreign birth? yrsy mos. ds.				
2. FULL NAME Callering Mu. Fr.	If U. S. Veteran, specify WAR				
(a) Residence: No. Styles Ward.  (Usual place of abode)  (Usual place of abode)  (Usual place of abode)  (If nonresident give city or town and State					
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH				
OR DIVORCED (writeshe word)	June 20 193 6				
5a. If married, widowed, or divorced	(Month) (Dey) (Year)				
HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from				
Hali 22 1115	- Jan 1 , 103 l , 10 June 20, 193 6				
6. DATE OF BIRTH (month, dey, end year)	Nast sew h. alive on				
7. AGE Yeers Months Deys If LESS than 1 dey,hrs	to heve occurred on the date stated above, at				
00 3 00 ormin.	were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.					
9. Industry or business in which	My tarales uniformed				
SAW MILL BANK etc	Charles musarge 20dy				
U 10. Dete deceased last worked at this occupation (month and spent in this	Gremany Cause: Coronary sclerosis action				
year) occupetion	Other Contributory Causes of Importance:				
12. BIRTHPLACE (city or town)	Other Conditional Control of Importance.				
(State or country)	arterioseleroses				
13. NAME Mathette Missouald	marked.				
14. BIRTHPLACE (city or town)	Neme of operation Oete of				
(State of County)	What test confirmed diagnosis? Assultation was there an autopsy?				
E 15. MAIOEN NAM CALLENSIE Levelon	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:				
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury19				
(State or country)	Where did injury occur? (Specify city or town, county and State)				
17. INFORMANT. Mary Mensonald	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.				
(Address) Significantle Mid.					
It Jasefelia Com. med Oate Jule 13 19 3	Menner of Injury				
VI DONE World D. ALL	Nature of injury				
19. UNDERTAKER (Address) Linearite Md.	24. Was disease or injury in any way releted to occupation of deceased?				
(All Maries)	If so, specify (Signed) (Signed)				
20. FILEO. 19 Registrar.	(Address) 376 Litelate Cus				
If more blanke ste neway address flate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					
	True,				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 1836	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gatlstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5977
1. PLACE OF DEATH	<u></u>
County Baltimore	Registration Dist. No.
Village or City Worllawn	No. No. Ward
Length of residence in city or town where death occurred 9 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Samma Mil	00-1
(a) Residence: No. Calonial + Soding	10 Road Wood
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Generale White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
John W. D. Miller	June 18 1935, to June 3- 1936
6. DATE OF BIRTH (month, day, and year) 1) get, 22/856	1 lest saw her alive on June ) = 19.36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 P_m.
79 5 /8   1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	General caremomatorio-Mar 1936
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Greginning - epitheliona
10. Data deceased last worked at this occupation (month and spent in this	of volumety (44) 1932
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltime Mh	Other Countries of Importance.
(State or country)	
13. NAME Verylee	
14. BIRTHPLACE (city or town)	Name of operation Excesion of growth Date of aug 1933
(State or country) Services	What test confirmed diagnosis? Musica? U. Marm, Was there an autopsy? The
15. MAIDEN NAME Pauling Schreinla	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
E , 700 11	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AUL MULLEU  (Address) 3-216 No. 1711	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place oracul en Date June 6, 19.31	Nature of injury
19. UNDERTAKER Stary W. Chlew (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED b/L/ 19 mm Buffet Registrar.	(Signed) Butha Japman Shame M. D. (Address) 3300 West North are Balto. M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	y and an area as

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "Moorer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 59.78
infor- state UPA	1. PLACE OF DEATH	3
	County Ballimore	Redistration Dist. No.
should of	11/40 1/0	orner p On the Native to Roads
sho of O	Village or City Woodlawn	death occurred in a hospital or institution, give its NAME instead of street and number)
NS nt	Length of rasidence in city or town whare death occurradyrs,6mos	ds. How long in U.S. If of foralgn birth?yrsmosds.
Eve (IA)	2. FULL NAME John William S.	Miller
D. Every YSICIANS statement	(a) Residence: No / Crous Colonial & Nexin	ten Roadhad
No. of	(Usual place of abode)	If nonresident give city or town and State
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
1 1 1	male White windower	(Month) (Day) (Yeer)
IDING MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBAND of	
SS A	(or) WIFE of Comma Miller	1 HEREBY CERTIFY. Thet I attended deceesed from
S SX 2	Man 1 1851	Thet, 18 1936, to June 3 1936
B H H	6. DATE OF BIRTH (month, day, and year) // ACL /, 1006	I lest saw hom elive on 1970; death is said
FOR IS A F stated properl	6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  If LESS then  I day,hrs.  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A stated proper	80   7   ormin.	were as follows:
- 70		Ve it le
TH d h	kind of work dona, as SPINNER, stone cutters SAWYER, BOOKKEEPER, atc.  SINDUSTRY or business in which work was done, as SILK MILL, Monuments SAW MILL, BANK, etc.	Jangrene april
RV]	Industry or business in which work was done, as SILK MILL, Monuments	Parmary Cause: Withforselerasial. 173
RESERVED G INK—THIS GE should be	11. Total tima (years) this occupation (month end 1926 11. Total tima (years) spant in this	Auration Ten garde Cury R.
RES VG I VGE that		Ohler C tell-te- C of Importance
24	12. BIRTHPLACE (city or town) Carroll County  (State or country) Mary and  13. NAME Deury Sahneidmiller	Other Contributory Causes of Importança: 1930
AD AD sd. s, s	(State or country) Many and	0.01
ARG UNFA upplied terms,	13. NAME / Jeury Sahneidmiller	2 Senility
7 5 3 4		Name of operation A. Nouse Date of
	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Dlugue of firms there for autopsy? Ho
	15. MAIDEN NAME Elizabeth Weil	23. If death was due to externel couses VIOLENCE) fill in also the following:
Y, WITT	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  MA  A  A  A  A  A  A  A  A  A  A  A  A	Accident, sulcida, or homicide?
A be can	(State or country) Sermany	Where did injury occur?
be DEA	17. INFORMANT Mr. John W. Willow	(Specify city or town, county and State) Spacify whethar injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
	(Address) 3814 West Garrison ave Balto	
		Manner of injury
ITT	Place X arrand Loss Data Just 8 , 1936	Natura of injury
WRIT mation CAUSE	19. UNDERTAKER Harry If Sulpan	24. Wes disease or injury in any way related to occupation of daceasad? 200
	(Address) 1946 We Vertle Ort-	If so, specify
S S C	20 FILED rend 3th mn - Buther	(Signed) Joshua H. Urmacost M.D.
> Z (	Registrar.	(Address) Woodlawy, Maryland
- 4	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1918	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	2 4/21	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 19	Peritonitis	3 days ago
1/2	100		
No.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	60		

## HEALTH DEPARTMENT-CLTY-OF BALTIMORE

CERTIFICATE OF DEATH

. PLACE OF DEATH			
ITY OF BALTIMORE:	(No. Ofreto K	Jone Ea	mos,

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ndsen Gare Length of residence in city or town where death occurred... .......mos.....ds. How iong in U. S. If of foreign birth?......yrs......mos...

(a) Residence: No... (Usual place of abode)

(If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Color or Race

5. Single, Married, Widowed. Divorced (write the word)

21. DATE OF DEATH (month, day, year) I HEREBY CERTIFY, That I attended deceased 19.5. % to...

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7. AGE Years Months If LESS than

1 day,....hrs. or.....mln.

& Tinde, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .... Date deceased last worked at

11. Total time (years) occupation ..

12. BIRTHPLACE (city or town) (State or country)

13. NAME 14. BIRTHPLACE (city or town).

(State or country)

15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(Address) 18. BURIAL, CREMATION, OR

RML Date

this occupation (month and

(State or country)

year) ....

19. UNDERTAKER (Address) 20. FILED.

used by the arterio-se

to have occurred on the date stated above, nt. 4. 3.04m.

The principal cause of death and related causes of

23. If death was due to external causes (violence) fill in ulso the foliowing: 

Where did Injury occur?. (Specify city or town, county, and State) Specify whether lajury occurred in industry, in home, or in public nlace

Manner of Injury 190 Nature of Injury.

Name of operation

24. Was disease or injury in any way related to occupation of deceased?

(Signed)...

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decease had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis - 2 1936	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage WUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastrocnteritis	1 year	

		150-87421 112 131 [1

BINDING

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example EIVE		Example II	
The principal cause of death and related causes of importance were as follows: JUL 6 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915 -	Attack of epilepsy	1 week ago
Chronic interstitial nephralis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEA
--------------------------------------

1. PLACE OF DEATH	
County Ballimore	Registration Dist. No. 30
Village or City Catonaville	No. Stering Trans House. St Word
<i>f</i> <sub>1</sub> (I	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME // Aliam Harrison	
(a) Residence: No. 2820 W. North Are	If U. S. Veteran, specify WAR.
(Usual place of abode)	Lismone If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	
HUSBAND of Cotherine Maninon	22. I HEREBY CERTIFY, That I attended deceased from
Jan 41847	June 17 ,1935 , to June 22 , 1936
5. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	That saw have alive on former 22 1936; death is saint to have occurred on the date stated above, at 9 27 m.
C9 1/8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Januature Parigne.	Chronic myscorditis; since 1936. Curs R.
9. Industry or business in which	Muscarded Mailiere (1/21/3)
SAW MILL, BANK, etc	Pulmonary colema /2/1/2/
11. Total time (years) this occupation (month and year)	7 44-
year) occupation occupation	Other Contributory Causes of importance:
(State or country)	- Benilsty
13. NAME Unknown	- arterio-scleratic heart disease.
(State or country)	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Scotland	Accident, suicide, or homicide?
17. INFORMANT Miss Dern morrison	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3037 M North are	Specify minority minority, in model of Flace.
8. BURIAL, CREMATION, OR PEMOVAL	Manner of injury
Place Worklawn Date June 24, 1956	- Nature of injury
19. UNDERTAKER MM ) Juhnes + Sons (Address) North Penns ares	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 22, 1976 Marshall B West	(Signed) Select Efgron M. D. (Address) Daving Dive Horo
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

M. D. B. 1268-9 Balhmore County HEALTH DEPARTMENT—C Every item of CERTIFICATE OF DEATH (93:C) Exact statement 1. PLACE OF DEATH Registe Backmore Count pospital or institution. CITY OF BALTIMORE: (No. its NAME instead of street and number.) Length of residence in city or town where death occurred 3 yrs. 5 mos. ds. How long in U. S. If of foreign birth?.....yrs. mos. ds. 2. FULL NAME TOPM Towson R. F. Dno 6. Ward (a) Residence: No.6.m. (Usuai piace of abode) (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Rage 5. Single, Married, Wldowed. 21. DATE OF DEATH (month, day, year) June 2 Divorced (wpite the word) I HEREBY CERTIFY. That I attended deceased June 27 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Connu I last saw h. Maiive on Jahr to have occurred on the date stated above. at 8.30 A .m 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of 7. AGE Years Months If LESS than importance were as follows: Date of onset I day,.....hrs. or.....min. nus & Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or business in which work was done, as siik mili, exarditis. Duration: not known. saw mill, bank, etc .... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other contributory causes of importance: occupation .. 12. BIRTHPLACE (city or town (State or country) 13. NAME Tra Name of operation... 14. BIRTHPLACE (city or town). (State or country) 23. If death was due to external causes (violence) fill ln also the fol-15. MAIDEN NAME Accident, suicide, or homicide?..... Date of lnjury....... 19...... 16. BIRTHPLACE (city or town)... Where did injury occur?...... (State or country) (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public 17. INFORMANT (Address) Manner of lnjury ... 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury..... 24. Was disease or lnjury in any way related to occupation of deceased? 19. UNDERTAKER Q (Address)

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Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1 week ago Arterioselerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car Chronic interstitial nephritis 3 days ago July 5, 1927 Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: 1 year Gallstones May 1, 1923 Gastroenteritis

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5984
County	Registration Dist. No. 4/
Village or City Dunning Sta, M	LONG. St Word
Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME CHAMLE Nanutou	rice
(a) Residence: No. Junus Star M (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 6R-DLYORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month) V 8 3 <sub>93</sub> (Year)
6. DATE OF BIRTH (month, day, and year)  HUSBAND of Stefan hardowics:  6. DATE OF BIRTH (month, day, and year)	22. HEREBY CERTIFY, That I attended deceased from 19.19.
7. AGE Years Months Days If LESS then 1 day, hrs.	to have occurred on the date stated above, at Stated abov
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pinch - mummed 1/21
work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked a this occupation (month and year)  11. Total time (years) spent in this year)  occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Rians wiohnenski	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?
17. INFORMANT Jan Kodman (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVEL Place Date 1 3 49	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 6/30/36, 19 2mleanument	(Signed) M. D. (Address) J. (Address) J. (Address) M. D. (Address) M. (Addres
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example 1		Example 11			
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Chronic interstitial nephritis		1915	Attack of epilepsy	1 weck ago		
		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	, UIL 7 1936	July 5, 1927	Peritonitis	3 days ago		
	BUREAU V. S.			I		
Other contributory ca	auses of importance:		Other contributory causes of importance:	,		
Gallstones		May 1,1923	Gastroenteritis	1 year		
•						

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
					18	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 12 1936	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.	A age			
Other contributory	causes of importance:	. July 1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			
		ė			

MARGIN RESERVED FOR BINDING

V & No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Ballim orl	CERTIFICATE OF DEATH
Village or City Towson (No. 12 Line)	Registration Dist. No. 38  en Tennes St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Ernest N	a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White Single, Married, Widowed.  White Write the word)	16 DATE OF DEATH JUNE 26, 1926. (Month) (Day) (Year)
June 15 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
JO yrs	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: Down Steps ACCORD Mal Bay Fallung in Conserve to
which employed or (employer) Manne Hardwarf.  Balton or  State or country)	Contributory Secondary  (Duration)  yrs
10 NAME OF FATHER Josefh W. Neily 11 BIRTHPLACE OF FATHER (State or country) Mairie	(Signed) Plucy May for Coverns, M. D.  *State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAJDEN NAME OF MOTHER Hattle Hands  13 BIRTHPLACE OF MOTHER (State or Country)  Baltim ore	At place of deathyrsmosds. Unstitutions, Truns-  Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) 1005 State Long (Address) 12 Linden Flyhan	Gelemont Company 29 1936
15 Filed 6/27 1936 G. W. Bre Registras	Chur O Frank How 118 W. Wit Royal
If more b.anks are needed, addre.s ! tate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise speciments and laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. the first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from ployed, as Al'school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Copie to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, For many occupations a especially in industrial employments, it is necessingle word or term on not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar or intercurrent) affection need not be strated unless important. Example: Measles (disease Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, Whooping cough; American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5986
1. PLACE OF DEATH	48)
County Jatemore	Registration Dist. No. 28
Village or City Javan	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME aura Stevens hickel	If U. S. Veteran, specify WAR
(a) Residence: No. 104 Centre are	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SYNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married  Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widd wed, or divorced  NUSBAND of  (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I last saw has alive on Rule 9, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carculaura - Pelver 2425.
SAW MILL, BANK, etc	Trimary in the reterns. Custo
10. Date deceased last worked at this occupation (month end year) occupation	Duration: Unknown.
12. BIRTHPLACE (city or town) la umberland, The (Stete or country)	Other Castributory Causes of importence:
# 13, NAME Serve Sterens	
13. NAME Sarge Stevens  14. BIRTHPLACE (city or town) Jones (Stete or country) Song Roma	Name of operation Supling County Date of Oct 1935.  What test confirmed diegnosis? County Wes there en autopsy? U.S.
I 15. MAIDEN NAME & lina Dickey	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State, or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT In John Stuckel Jourson, and (Address) 104 tentre as Jourson, and	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sumberland, Ind Dete 19,19 36	Nature of Injury
19. UNDERTAKER M. Jichney Jours (Addibss) hoffa a Tagle (	24. Was disease or injury in any way releted to occupation of deceased? U.O.  If so, specify
20. FILED MWW/9, 3 & SUBSTRUCTURE Registrar.	(Signed) Surface (M.D. (Address) Downau - (U)
If more blanks dre needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=13	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrilis 1111 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEA'	TH
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P	4 h	1	h-Mu
23	13	34	1
5	V	0	B

1. PLACE OF DEATH			3	
County Baltimore			Registration Dist. No. 38	
Village or City Stoneleigh			No. Bristol & Chumleigh Rds. St., Ward	
	looth occurred		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?	
011233	rn Infant			
Z. FOLL NAME			X	
(a) Residence: No. Bristol &	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  June 5, , 193 36  (Month) (Day) (Year)	
5a. If merried, widowed, or divorced HUSBAND of				
(or) WIFE of			22. I HEREBY CERTIFY, That I ettended decessed from	
6. DATE OF BIRTH (month, day, and year) Ju	ne 5. 193	56	i last saw h _ er alive on	
7. AGE Years Months  Six months gestation	Days	if LESS than 1 dey,hrs.	to have occurred on the date stated above, at _6:45A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular		ormin.	were es follows:	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	-		Premature birth Stage of ges-	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this operation (month and			tation 51/2mos.	
work wes done, as SILK MILL, SAW MILL, BANK, etc	11 Total t	ima (vasre)		
this occupation (month and year)	spa occi	ime (years) nt in this upetion		
Stoneleigh Balt  12. BIRTHPLACE (city or town)  (State or country)  Maryland			Other Contributory Causes of importance:	
13. NAME Chas. F. O'Neal				
14. BIRTHPLACE (city or town) Balti	more,		Name of operation Dete of	
(State or country) Mar	yland		What test confirmed diegnosis? Wes there an autopsy?No	
15. MAIDEN NAME Frieda Mil	ler		23. If death was due to external causes (VIOLENCE) fill in also the following:	
DI 10. DIKIMPLACE (CITY OF TOWN)	imore,	•	Accident, suicide, or homicide? Date of injury, 19	
- (State of country)			Where did injury occur? (Specify city or town, county and State)	
f7.INFORMANT Mrs. Chas. F. (Address) Bristol & Chum		3 •	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place	1Date	19	Neture of injury	
19. UNDERTAKER (Address)	ma ocon	property	24. Was disease or injury in any way related to occupetion of deceesed?	
20. FILED. 6/6	T.M.	Lacou Registrar.	(Signed) A.L. Wilkinson, Md. (Address) 5713 Belair Rd. Balto, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TRECEIVED			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year
II BUREAU			

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(23)
tem of infor should stat of OCCUPA	County Baltimore	Registration Dist, No
sh of	Village or City EUDOWOOD SANATORIUM, TOWSON	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurred yrs.	sds. How long in U.S. if of foreign birth?yrsmosds
CORD. Every PHYSICIANS	2. FULL NAME Marquerite Hildeg.	arde Owings
rSI stat	(a) Residence: No. 33131 Spalding dr	engue Ward. Balleman
RECORD. PHYSI Exact stat	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
LX	Female White Single (write the word)	7, 193.6 (Month) (Day) (Year)
BINDING ERMANENT EXACTL y classified.	5a. If married, widowed, or divorced HUSBAND of	
MA MA lass	(or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, end year) Lune, 28, 1918	I last saw hell alive on Anne 7 19 36 doubt is easi
R J	7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 6 P m.
FOR B. IS A PE stated E properly certificate	17 11 /0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
TED FHIS a be	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occurred in (month and 10, 20, 20).	Pulmonary Intercuroses Februs
VK—T) should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	1931
INF INF E sh t it	10. Date decessed last worked at this occupation (month and 1933 spent in this year) - 10. Date decessed last worked at this occupation 11. Total time (years) spent in this occupation	
Z 4 - 2	D Ot	Other Contributory Causes of importance:
IN I	12. BIRTHPLACE (city or town) (3 attuation (State or country)	
MARGIN WITH UNFADI efully supplied. in plain terms, so ant. See instruct	13. NAME William A. Durias.	
UP UP ter	13. NAME William A. Ordrigs.  14. BIRTHPLACE (city or town) Howard Country	Name of operation. Novel
· · · · ·	(State or country) Man Lovel.	V > 0
wind full full n pl	# 15. MAIDEN NAME Mystle of erring	What test confirmed diagnosis?
Tam tr	16. BIRTHPLACE (city or town) Baltiman	Accident, suicide, or homicide? Date of Injury 19
PLAINLY, hould be can OF DEATH very import	Thank or country)	Where did injury occur?
ATH d b DE	Hospital Records Personal History	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
3 PLA Should OF D	Euchward Sanatoriu, Towson, Md.	
E SI	18. BURIAL, CREMATION, OR REMOVAL  Placed and on Park Date Course 10 10 310	Manner of Injury
WRITE mation sl CAUSE TION is	Placeot Date (Mind) 1970	Nature of injury
	19. UNDERTANEAU TO Steen Steen Some	24. Wes disease or injury in eny way related to occupation of deceased?
S. No.	(Address) North of Allend Rocall	If so, specify
» z	20. FILED WANGE TO STATE OF THE PROPERTY OF TH	(Signed) M. D. M.
	If More blankshare needed, address State Revistrar	(Address) TOWSON , MA.  2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	de la company de	-711 AT. Councies Street, Dattimore, Requesting 'U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22)
County Balto	Registration Dist. No.
Village or City Villa nova.	No tatherine a. Robb hursens tomes Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? 69 yrs. 4 mos. / ds.
2. FULL NAME CINCLEW ( TIME ON	
(a) Residence: No. 1724 Ilast 18	St., Ward,
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writing the word)  The word of the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary M. (anzu	April 3/9, 1936 to une 16 1936
6. DATE OF BIRTH (month, day, and year) Zeb 15- 1877	I last saw him alive on June 10th 1936; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9. A.m.
69 4 / 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
An Trade Arofession or particular	Arteriosoleroais Date of onset
kind of work done, as SPINNER, Manufaeller	4
Kind of work done, as SPINNER, Maunfaelur SAWYER, BOOKKEEPER, etc.  F. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Chronic Myocardial Farluse 1936
SAW MILL, BANK, etc	Primary Cause: Chronic myocardities
this occupation (month and spent in this occupation	Duration about three months cropp.
Beltinia Pit	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Sacrate (State or country)	
13. NAME Frederick Panger	•
14. BIRTHPLACE (city or town) Germany	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clinical Was there on autopsy? No
15. MAIDEN NAME Unbeneur	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Control 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mes. Kalturia Q. Nobb- (Address) Villa nova, Balto, Co. mg	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Alrey Midgle Date 6/19 , 1936	Nature of injury
19. UNDERTAKER transle N. Yevell (Address) pihenell. rug.	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED 9/8 , 1936 & E Wellol Registrar.	(Signed) ame di Tille m. M. D.  (Address) Sike sirlle Tud
If more blanks are needed, address State Registrar,	2411 N. Charles Street Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street ear	1 week ago
Corebral hemorrhage 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-

of OCCUPA.

1. PLACE OF DEA	TH Y	I WIAIX		46:B	0930
County / Ba	lto. Co.			Registration Dist. No. 4	
Village or City	Dundalk	. Co.		No. 700 Willowspring Ave. st.,	Ward
				death occurred in a horpital or institution, give its NAME instead of street and a common ds. How long in U.S. if of foreign birth?	umber)
	03				·
2. FULL NAME	atkeri			If U.S. Veteran specify WAR.	
(a) Residence: No.	700 "11	lowspr	of abode)	St., Ward.	State
PERSONAL AN	ID STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. cold	white	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (runite the word)	June 17/1936 (Day)	193(Year)
5e. If married, widowed, or div HUSBAND of	orced			No.	
(or) WIFE of Jo	hn G. Ra	ab		22. I HEREBY CERTIFY, That I ettended d	eceased from
6. DATE OF BIRTH (month, da	w and wear) So	pt. 20	/1 273	I last saw h W elive on Daniel 15 1936	: death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 5/30a m.	
62	8	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:	
8. Trade, profession, or p	particular			1-6-	Date of onset
SAWYER, BOOKKE	as SPINNER, HO	use wi	re	Carcinoma of Stomach	2-25-36
kind of work done SAWYER, BOOKKE SAWYER, BOOKKE Work wes done, as SAW MILL, BANK, 10. Date deceased last we this occupation (m.	n which SILK MILL,				
10. Date deceased last we this occupation (me		11. Total t	ime (years) nt in this		
this occupation (mo	onth end	spa occi	nt in this upation		
12. BIRTHPLACE (city or town	Germany			Other Contributory Causes of Importance:	
(State or country)	/y-4-4=4===y-			nme	
# 13. NAME Char	les Rebb	el			
13. NAME Char 14. BIRTHPLACE (city or t	own) Ger	many		Neme of operation None Date of	
(State of country)				What test confirmed diagnosis? My and Ching was there an a	utopsy? Z
15. MAIDEN NAME	"ilhamin		er.	23. If death wes due to external causes (VIOLENCE) fill In elso the following:	
16. BIRTHPLACE (city or t	own) Germ	any		Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)				Where did injury occur?(Specify city or town, county and State	
17. INFORMANT John			• - • • • • • • • • • • • • • • • • • •	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	.CE.
(Address) 700	REMOVAL	ring A	re.		
PlaceSacred		Date June	20 19 36	Manner of Injury	
19. UNDERTAKER (Address)	lyt	Rule	-m	24. Was disease or injury in any way related to occupation of deceased?	20
20. FILED 6/18/36	19 Aml	Com	eirl Registrar,	(Signed) (Address) Address	M. D.
	If more b	lanks are needed,		2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	-00-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis 111 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage  BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
301 2 1996			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

20. FILED Stena

STATE OF MARYLAND-	- Hall	992
County Balling	Registration Dist. No.	4
Village or City Ussuco	No. St	1
7.	If death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town where death occurred	sds. How long In U.S. if of foreign birth?yrs	mosds
2. FULL NAME Clizabeth 17, 177	colen	
(a) Residence: No	St., Ward.	
(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (rurite the word)	21. DATE OF DEATH	21
Temale While widow	(Month) (Day)	, 193(Year)
5a. If merried, widowed, or divorced	V , , , , , , , , , , , , , , , , , , ,	
(or) WIFE of Frank ( It hoten	22. I HEREBY CERTIFY, That I attende	d deceased from
0.151013	mas ell , 1038, to June 4	ر کے 19
6. DATE OF BIRTH (month, day, and year) aug 12-1863	i last saw h_ alive on 4 193	; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
12 9 72 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	I Date of the said
8. Trede, profession, or particular kind of work done, as SPINNER		Date of eneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (morth and	malignant oranian egot	1935
9. Industry or business in which work was done, es SILK MILL,	with metartains to	
SAW MILL, BANK, etc	lungo.	
o this occupation (month end May spent in this 40 year)		
, your, occupending	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)	=======================================	
I 13. NAME Orichard & Boung		
13. NAME Canual & Boning 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	Whet test confirmed diagnosis? X - R	aulopsy
15. MAIDEN NAME Mary & Coloring  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	-
E (Stete or country) Manylund	Where did injury occur?	
17. INFORMANT Mis Jony 10 Sharks	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,
(Address) Ispacies Jud		
18. BURIAL, CREMATION, UN REMOVAL  Place MAY 2 VVV. Date Trule 6 10.36	Manner of injury	
Plece Mt from, Date Jule 6, 1936	Neture of injury	
19. UNDERTAKER Edwe Tipton 4	24. Wes disease or injury in any way related to occupation of deceased?	m
(Address) Denny lost de l'ens	If an annula.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL ( 1896	July 5,1927	Peritonitis	3 days ago
REAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF	MARYLAND-CEF	RTIFICATE	OF	DEAT
1. PLACE O	F DEATH		210-70		
County	Baltimo	re		Res	gistration Dist.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-710
County Baltimore	Registration Dist. No. 33
Village or City Pleasant Hill Bal	death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Wilson Rante	1 If U. S. Veteran, specify WAR
(a) Residence: No. Woodensburg Balto	Co. Md Ward.
(Usual plage of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) There is a seried of the control of th	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AA	22. I HEREBY CERTIFY, That I attended deceesed from
MARIE TIPTON MOTEN	, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) June 8th 1914	1 last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
γν /6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKERER AND SAWYER BOOKKERER BOOKKERER BOOKKERER BOOKKER BOOK	fractured skull
JANIER, DUVINELIER, GIG.	Destained in automobile
work was done, as SILK MILL, SAW MILL, BANK, etc.	accident.
7-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Ressters town, Ro. Md (State or country)	Other Contributory Causes of Importance:
E 13. NAME DIXON N. Rhoten	
E Pa Mai	Name of operation Date of
14. BIRTHPLACE (city or town) All STETS Town, 10, 114	What test confirmed diagnosis? Wes there an autopsy? And
15. MAIDEN NAME Frances Turnbaugh	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Frances Turnbaugh 16. BIRTHPLACE (city or town) Relsterstown, Pd, Md (State or country)	Accident, suicide, or homicide? accident Date of injury 6/75/, 1936.  Where did injury occur? Headart July Da. Co. M. J.
Jan 40: Par 64:	(Specify city or town, county and State) Specify whether injury occurred in IMDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Rusters own Ma	kuthi his Luxy
18. BURIAL, CREMATION, OT REMOVAL	Manner of Injury automobile accident
Place / tune stand Marie June 1, 1936	Nature of injury fractured skull
19, UNDERTAKER COLVE TISTON	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hambstead, Mil	If so, specify
20, FILED Juis 19 / Okurbus	(Signed) Mul / Call Done M. D.
Registrar.	(Address) Pilcesville Md

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			111 111

1.	County	12 01	iore		(48)	Registration Dist. No.	KK
	Village or City	Esser		(1)	No Proceeds  death occurred in a hospital or institu	Arive	St.,Ward
	Length of residence	in city or town where	death occurred		ds. How long In U.S. If o	of foreign birth?yrs	ds
2.	(a) Residence: N	10. River	Oile (Usual place	Acrive of abode)	St., Ward.	If nonresident give eity or to	mand State
	PERSONAL	AND STATIST	TICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DEA	TH
SE	7 4.0	COLOR OR RACE	OR DIVORC	RRIED, WIOOWEO, ED (write the word)	21. DATE OF DEATH	Herre 18 (Month) (Day)	, 193 (Year)
i. I	f married, widowed, or HUSBAND of (or) WIFE of	Harry	1. /c	lice	22. I HEREBY	CERTIFY That I a	ttended deceased from
. D.	ATE OF BIRTH (month	h, day, and year)	riar.	17-1876	I last saw h	June 18	936 ; deeth is sai
. AC		Months	Days	If LESS than	to have occurred on the date state		
	60	3	1	1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	FH and related causes of importan	Ce Oate of onset
5	8. Trade, profession, kind of work d	or particular lone, as SPINNER, KKEEPER, etc	Lower	uni/a		11/-	
OCCUPATION	SAWYER, BOOK 9. Industry or busine			9.6	ar bear a.	n Hum	1930
0	work was done SAW MILL, BA	as SILK MILL.		/			-/
3	10. Oate deceased las this occupetion year)	t worked at (month and	11. Total	time (years) ent in this cupation		···· <i>ff</i>	
		VA.	ota	-upation	Other Coutributory Causes of impo	ortance:	
2. 1	SIRTHPLACE (city or to (State or country)	own)	n	An a	-		
2	13. NAME	how 13	some	well			
FAIHER	14, BIRTHPLACE (city	as town)	Hall	7	Name of operation	ene . n	ate of
	(State or count		3	rd.	What test confirmed diegnosis?	lin fully owas the	ere an autopsy?
T K	15. MAIOEN NAME	ann	na C	s ofcers	23. If death was due to external car		
5	16. BIRTHPLACE (city	or town) Le o	word	touse	Accident, suicide, or homicide?	Date of injury.	, 19
Ξ	(State or coun		me	2.	Where did injury occur?	/\$	-16
17. 1	NFORMANT (Address)	r. Har	ry St	ree	Specify whether injury occurred l	(Specify city or town, county n INDUSTRY, in HOME, or In PUE	
18. E	BURIAL, CREMATION,		1 - 1	1 - 3	Manner of Injury	•••••	
	Place.	C CHUN	Doate 6	10 ,193	Nature of injury		
19. (	JNOERTAKER JO	my !	1 Cen	melly	24. Was disease or injury in any w	vay related to occupation of decea	sed?
	ILED 6/19	1036 Ch	Thul B	Count	(Signed)	4.7.Whi	le M.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address biata Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Year)

Date of onset

BINDING MARGIN RESERVED

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Evample II

- Andright A	1	Zampic II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		3351 8 700	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 your
	4		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
	<b>V</b>

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

(Address)

19 UNDERTAKER (Address)

13, NAME

FATHER

MOTHER

CAUSE mation

LION

(State or country)

14, BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town) \_\_\_ (State or country)

18. BURIAL, CREMATION, OR REMOVAL

infor-

Jo

OCCUPA-

Name of operation. 23. If death was dua to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_ Where did injury occur?\_

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury In any If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	
1111		Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 6 1996	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	-		
A the same of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The second

Exact statement of OCCUPA.

properly classified.

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ESE	INK	E sh	at it	s on ]
N R	DING	AG.	so th	ction
MARGIN RESERVE	NFA	pplied	erms,	instru
K	N. B.—WRITE PLAINLY, WITH UNFADING INK-TH	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	TION is very important. See instructions on back
)	r, wi	arefu	H in 1	rtant.
	R	be c	EAT	impo
	PLA	hould	OF D	Verv
	RITE	tion s	USE	Si NO
No. 1	B.—W	ma	CA	T
V. S. No. 1	z	(	1	)

1. PLACE OF DEATH .	(80)	
County Buetimore	Registration Dist. No. 3-3	
Village or City Churing 5 Mills, Mid.	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)	_Ward
Length of residence in city or town where death occurred 64 yrs. 4 mos.  2. FULL NAME Welliam H. Summing	2.5 ds. How long in U.S. it ot toreign birth?	ds.
(a) Residence: No. Clurings Mills, Jud. (Usual place of abode)	St.,Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Ye	6 ear)
a. It married, widowed, or divorced HUSBAND of (or) WIFE of Florence Belle Names	22. I HEREBY CERTIFY, That I attended decease  Than 1, 1976, to June 19	d trom
B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.  2 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	t last saw hame alive on June 15, 19-36; death to have occurred on the date stated above, at 2, 45 pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date  Pullagia  Other Contributory Canses of importance:	otonset
(State of country) Carroll	Name of operation Date of What test confirmed diagnosis? Was there an autopsy	, no
15. MAIDEN NAME Thany Shipley 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (Address)  (Address)  (Address)  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	9
18. BURIAL, CREMATION OF REMOVAL Place St Manual Date June 19, 1936	Manner ot injury	
19. UNDERTAKER J. F. Lline Sons (Address) Rusterstown Md	24. Was disease or injury in any way related to occupation of deceased? Zw.	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage Ju	uly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones M	ay 1,1923	Gastroenteritis	1 year

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

5998

1. PLACE OF DEATH	<del></del>
County Ballimore	Registration Dist, No. 30
Village or City Colonsville	No. Shein Sname St Ward
(I Length of residence In city or town where death occurredvrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. 7 - Collision of the collisio
	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceesed from
6. DATE OF BIRTH (month, day, and yeer) Size 15- 1914	I last saw h dive on Lune 1 193 & deeth is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated above, at 1152 m.
20 5 11 lday,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
_ \ S. Trede, profession, or perticular	acule mania Religious Samo
SAWYER, BOOKKEEPER, etc. Rolling Thull	
Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  11. The time veers)	
this occupation (month and yeer) spent if this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causer of importance:
(State or country)	Carones und
13. NAME albert 7. Skinner.	Catonarella ma
13. NAME Albert H. Steinner.  14. BIRTHPLACE (city or town) Cleveland	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Heston Wes there an eutopsy? And
15. MAIDEN NAME LOUIS GOLDEN SALES AND CONTROL OF THE SALES AND CONTROL	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) \( \) (Stete or country)	Accident, suicide, or homicide?, 19, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Albert H Source (Address) Roselele Balla C- Wal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece rew Cathedral Dele June 3, 1936	Nature of injury
19. UNDERTAKER Gila T Julan Juan (Address) 403 S walls	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILED Julie 1, 1936 mashall B west	(Signed) Jacobselle Blush M. D. (Address) Calonnelle Gud
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
LINEAU V. S.			
Other contributory causes of importance:	-di	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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M	item of i should of OCCI
	J. Every SICIANS atement
	RECORI PHYS Exact st
NDING	KMANENT X A C T L Y slassified.
FOR BI	IS A PER stated E properly of
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOKD. Every item of i mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCI TION is very important. See instructions on back of certificate.
MARGIN	IH UNFADIN ly supplied. / lain terms, so See instructi
*	INLY, WY be careful EATH in p important.
0	ITE PLA on should ISE OF D
V. S. No. 1	N. B.—WR mati CAU

1. PLACE OF DEATH	
County Kaltimore	Registration Dist. No. 44
Village or City Eessey (1)	No. St., Wa f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U. S. if of foreign birth? 60 yrs. mos.
Length of residence in city or town where death occurred	
2. FULL NAME Trank Smith	If U.S. Veteran specify WAR.
(a) Residence: No. Reversible Circ. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)  (Year)
HUSBAND of (Or) WHEE of Mollie Smith	22. I HEREBY CERTIFY. That i attended deceased fr
DATE OF BIRTH (month, day, and year) may 12 - 1865	last saw h are alive on 6-12-36, 19; death is s
AGE Years Months Days If LESS than 1 day,hrs.	THE TRINCIPAL CAUSE OF DEATH and Tolated Courses of Importance
Trade nufession or particular	Were as follows:
kind of work done, as SPINNER, Koboner	1111. n. 1-
9, industry or business in which	hravie Maderallo -
work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
7 30317	Other Contributory Causes of importance:
(2. BIRTHPLACE (city or town)	They to Cardia failure 6/12
13. NAME Unknown	
	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis Chia. Judego Was there an autopsy?
15. MAIDEN NAME Zunkmann	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT George Smither (Address) Reveloute and Essy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Baltimore Date June 15, 1936	Nature of injury
19. UNDERTAKER John S. Commelly (Address) Toward made	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 15, 1956 Alin & Commelle	(Signed) / Illuli

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44 class Village or City (If death occurred in Ward) a hospital or institution, give its NAME is stead of street end number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOWED OR DIVORCED onid may n bac (Month) .....(Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from 192 . to... that instruction (Month) (Day) (Year) 7 AGE IIf LESS than 80 and that death occurred on the dete stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: terms ...min.? or 8 OCCUPATION n tel (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in i importa (Duration) which employed or (employer) I Contributory ( 9 BIRTHPLACE AT Secondary (State or country) 00 10 NAME OF (Signed). FATHER 14 O (1) ......192\_\_\_ (Address) 11 BIRTHPLACE (C) LLI th OF FATHER S Z F \*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country ш 12 MAIDEN NAME C OF MOTHER LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER (State or Country) Where was disease contracted, Every Item of CIANS should statement of if not et place of dee.h? Former or usual residence DATE OF BURIA OR REMOVAL 20 UNDERTAKER Registrar If more benys are needed, addre.s ttate Registrar 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

showered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

manently filed

(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," Liaemorrnage, "Shock," "Old Age," "Shock, "Shore Jaffiite disease" causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic affection need etc. The contributory valvular heart not be disease;

V. S. No. 1 M of OCCUPA.

# STATE OF MADVIAND\_CEDTIFICATE OF DEATH

County Baltimore  Village or City Catonsville  No. St. St.  (If death occurred in a Cospital of institution, give its NAME instead of street and Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? 50 yrs. n  2. FULL NAME Dr. Stephen J. Stwalski  (a) Residence: No. 1511 W. Lombard St.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED,  21. DATE OF DEATH	nosds.
Village or City Catonsville  No. Side Across  St.,  (If death occurred in a lospital or institution, give its NAME instead of street and Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? 50 yrs. n  2. FULL NAME Dr. Stephen J. Suwalski  (a) Residence: No. 1511 W. Lombard St.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  St.  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  21. DATE OF DEATH	nosds.
2. FULL NAME Dr. Stephen J. Sawalski  (a) Residence: No. 1511 W. Lombard St.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  21. DATE OF DEATH	) /
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,   21. DATE OF DEATH	
Male White OR.D.VORCED (write the word)	, 193 L
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Late Philomina J. Suwalski  22. I HEREBY CERTIFY That I attended	
6. DATE OF BIRTH (month, day, and year) Dec. 26, 1858. I last saw line alive on 124, 19.36	
7. AGE Years Months Days If LESS than to have occurred on the date stated bove, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Trade, profession, or particular kind of work done, as SPINNER, Physician SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et	Date of onsat
year) spant in this square occupation	-
12. BIRTHPLACE (city or town) Posen (State or country) Germany	tu.t.
Talaname Martin J. Suwalski	
13. NAME Martin J. Suwalski  14. BIRTHPLACE (city or town) Osen, Germany  What test confirmed diagnosis? Mysical fundamental was there an	
15. MAIDEN NAME Pelagiabukanoski 23. If death was due to external causes (VIOLENCE) fill in eso the following	
15. MAIDEN NAME Pelagiabukanoski 23. If death was due to external causes (VIOLENCE) fill in elso the followin Accident, suicide, or homicide? Date of injury Occur?	
17. INFORMANT Miss Marie Suwalski Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL (Address) 1511 W. Lombard t.	te) .ACE,
18. BURIAL, CREMATION, OR REMOVAL  Place New Cathedral pate June 27, 1936.  Nature of injury  Nature of injury	
19. UNDERTAKER Harry Huitable 24. Was disease or injury in any way related to occupation of deceased?	na_
20. FILED Jane 26, 1936 Marshall Block (Signed) Moushall Bluest Registrar. (Address) Catana Do	. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	11/42 DE
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u> </u>	27.62

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	ERMITERITE OF BEATTI
County Balhmare	Registration Dist. No. 32
Village or City Chwings Mills, md.  Length of residence in city or town where deeth occurred O yrs. 6 m	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth?yrsmosds.
1 . 1	osds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 9033 O. St. Washing In (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
54. If married, widowed, or divorced HUSBAND of (or) WIFE of Muknomu	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Saw. 11, 1886?	Wast saw her alive on Jame 18, 1936; death is sain
7. AGE Years Months Oays If LESS than 1 day,hr	to heve occurred on the date stated above, at
8. Trade, profession, or particular Employee, Rosewood kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. State Training Scho	A Palmmary juteriulous unfinos
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Statt. I raining Sthe SAWYER, BOOKKEEPER, etc Statt. I raining Sthe work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	Jasan Mennima. 6/8/3.
11. Total time (years) this occupation (month and time 5, 36 spent in this occupation (month year)	·
12. BIRTHPLACE (city or town) Sentenson (State or country)	Other Contributory Causes of Importance:
13. NAME wiknom	
13. NAME wwknom  14. BIRTHPLACE (city or town) - Unknown (State or country)	Whet test confirmed diagnosis? Cheesal & Laborators there an autopsy? No
15. MAIOEN NAME luknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME LINKNOWN  16. BIRTHPLACE (city or town) Unsknown  (State or country)	Accident, suicide, or homicide? Date of injury
17. INFORMANT Justituhin at Recards (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA Mass. Date June 22, 1936	Menner of injury
19. UNDERTAKER I I livie Ashro (Address) / Tustingtown Mad	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LUNAR 19., 19.36 Co. Co. Registrar.	(Signed) Harry & Buller M. I. (Address) Coverny Mulls, M. I.
If more blanks are needed, address State Registro	st, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by strect car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Allack of epilepsy  1921 Run over by strect car  July 5, 1927 Peritonitis  Other contributory causes of importance:

- 4 - 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6003
sta UP	1. PLACE OF DEATH	216-9
of	County Saltuerers	Registration Dist. No. 44
shor of O	Village or City Kelong - Washing ton Gi	Work of Spanish William Way Way (Nard death occurred to a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrsmos	
Eve MA Sme	2. FULL NAME auce arthurt	rocke Miller 11 186-143
RD.	(a) Residence: No. / S/ZN. Calvert (Usual place of abode)	St., Ward. (Aulton, Maguine)  If nonresident give city or town and state
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ENT RET LY.	3. SEX 4. COLOR OR RACE 5. STINGLE, MARRIED, WIDOWED, OR DIVIORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
MANE A C T lassifie	5a. If married, widowed, or divorced HUSBAND of (or) Wife face Mill Thorps	22. I HEREBY CERTIFY, That I attended deceased from 19 , to
E X E Z	6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
ed ed fica	7. AGE Years Months Days IVLESS than 1 day	to have occurred on the date stated above, a 350 Pl.m.
IS stat	0 8 / V 6 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
he se of co	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	External Violence
ould may back	Andustry or business in which work was done, as SILK MILL, because 'SAW MILL, BANK, etc./	1.1.1.1
Sh sh it	10. Date deceased last worker at this occupation the occupation to	auromovice accalled
AGE that ions	Markoll	Other Coutributory Canses of Importance:
d. d. so	12. BIRTHPLACE (city or town) (State of country) (State of country)	Prushed Doubl
NF/ plie rms nstr	13. NAME Trailes 2. Thorke.	
Sup n te	14. BIRTHPLACE (city or town)	Name of operation Date of
Ily solain	(State or country)	What test confirmed diagnosis? Was there an autopsy?
W) efu in 1	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or conflict)	23. If death was due to external causes (VJOLENCE) fill in also the following:
Car CH Ort	(State or country)	Accident, suicide, or homicide? Accident Date of injury 15, 19. 86.
INE pe c	m ly I mary Hombo	Where did injury occur? Security Specify city or town, county and State)
ADDV	17. INFORMANT (Address) / 8 / 2 Prost D. Christon //a	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-3 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile accident
on s	Place Sulting a Date June 15, 1930	Mature of injury
-WRIC mation CAUS TION	19. UNDERTAKEN Easton Soulo.	24. Was disease or injury in any way related to occupation of deceased?
. C	(Address) Deast ley	If so, specify Maultahua, Corone
z(1)	20. FILED JUNE 15, 1936 Se Sil f Registrar.	(Signed) Interfee Freak Bengling
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
9/	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 N. B.—V

SIAIE OF MARYLAND—	CERTIFICATE OF DEATH 4956
County Baltimore	820
VIII 01 C 0 11/2	Registration Dist, ND.
Village or City Conference (1)	NDSt., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME Samuel 5 Leas	ey
(a) Residence: No. Cockensulle	St., Ward.
(Vsual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINCIF MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While married	Cooks Cike a majorith (Month) (Day) (193)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That Lettended decessed from
(or) WIFE of many a dracey	May 7 19 3 L to M cay 1/ 19 34
6. DATE OF BIRTH (month, dey, and yeer) Sept. 21, 1956	I last saw h alive on A M Cut 10 , 1936; death is sel
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 9 30 m.
77 8 2/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:
8. Trede, protession, or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Lanning	Jaem ischage of Train 5 da
Mindustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (yeers)	
this occupetion month end 1936 spent in this occupetion	
0 0 110+	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Maddle (State or country)	
	14.614
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
Maringana	Whet test confirmed diegnosis? Wes there en eulopsy?
E Change Change	23. If deeth wes due to externel causes (VIOL ENCE) fill In also the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
and a standard	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager of injury MONL
Plece Jesops Dato June 14, 1036	Menner of injury
19. UNDERTAKER (Man) (Address)	24. Wes disease or injury In eny wey related to occupation of deceased?
1 /2 /20: 1 / 1 / 0: -	(Signed) BR Benson M. M. M. M. D.
20. FILED James 13., 193 6 Milliang J. Charles	(Address) ( Me sous illo Mod
	2411 N. Charles Street, Baltimore, Requesting 7. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUKEAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST		
for catherination ochange date.	of death	see letter Feled
under makes 12/2/20	0	()

3

V. S. No. 1

CTATE OF	MADVI	AND CEDTICICATI	OF DEATH
SIAIL UF	MARYL	AND—CERTIFICATE	OF DEAT

1. PLACE OF DEATH		942	
County Gallinson	2	Registration	on Dist. No.
Village or City W hite	marsh	No	St.,War
Length of residence in city or town where o	117	f death occurred in a hospital or institution, give its NA sds. How long in U.S. if of loreign birth?.	
2. FULL NAME Allen	Q. Vincent	If U.S. Veteran specify WAR	
(a) Residence: No. Yaircan	(Usual place of abode)	St.,Wardif nonresid	ent give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)	/Z 193 (Oev) (Year)
a. II married, widowed, or divorced HUSBAND of			2337
(or) WIFE of Wiehard	a. Vincent	au 10 / 3 1936, to	TY. That i ettended deceased from 19 5
. DATE OF BIRTH (month, day, and yeer)	une 16 th 1869	Vast saw h alive on luce	12 , 19 36; death is s
. AGE Years Months	Deys If LESS than	to heve occurred on the date stated above, at	
66 11	26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted of were as follows:	auses of importance
8. Trade, profession, or perticular kind of work done, as SPINNER,	2 + 0	10101 D	- f
SAWYER, BOOKKEEPER, etc	It home	luging 10	elo us
kind of work done as SPINNER, SAWYER, BOOKKEPER, etc		4	
SAW MILL, BANK, etc	11 Total time (years)	- V	
this occupation (month and year)	11. Total time (years) spent in this occupation		
CR.	9221	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	gus, Ma	The state of the s	^
1	P	Cooding Ce	cross
13. NAME (10 fra W. 7	eague	_	
14. BIRTHPLACE (city or town)	<b>%</b>	Name of operation	
(State of country)	9- 51- 1	What test confirmed diegnosis?	Was there an autopsy?
15. MAIDEN NAME May  16. BIRTHPLACE (city or town)	M. Amley	23. Il death was due to external causes (VIOLENCE	) fill in also the following:
16. BIRTHPLACE (city or town)	nd.	Accident, sulcide, or homicide?	Data of injury, 19
(State or country)	0.0	Where did injury occur?	y or town, county and State)
7. INFORMANT . M	na Stark	Specily whether injury occurred in INOUSTRY, in	HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	1 15-	Manner of Injury	0 = 7
Place Cluenge le	wate June 12, 1936	Nature of injury	
19. UNOERTAKER Fredh: La (Address) 7 401 Bel	Jahn y Son	24. Wes disease or injury in eny way related to oc	cupation of deceased?
0. FILEO 9 13, 193 & De	1 4 1 0	(Signed)	la. v

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	1-1-14	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	
1. PLACE OF DEATH	6005
County A. H. Ballemerl	Registration Dist. No. 29
Village or City English Considered	No Arbuties are St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? — yrsmosds.
2. FULL NAME Gother Magner	X
(a) Residence: No. Delitative (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
for wife of Gerthal Thaques	22. J HEREBY CERTIFY. That I attended decesed from
6. DATE OF BIRTH (month, dey, end yeer) Ann. 27-1861	I lest sew h. alive on 19 4 19 6; deeth is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 10:10 P.m.
75 4 24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8 Trade, profession, or perticular kind of work done, es SPINNER, Breusen Fallen	Ch Reflections Date of one of the state of t
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Hypotentian
0. Dato decesed lest worked at this occupetion (month and year)	<i>J.</i>
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country)	Themas Julio
13. NAME Colice Tragues	
14. BIRTHPLACE (city or town)  (Stete or country)	Neme of operation
œ	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME CLERCOCCE  16. BIRTHPLACE (city or town) Suttellacely	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
S (Stete or country)	Where did injury occur?
17. INFORMANTINO, Daebaca Eisearlotes/ (Address) peliting and English Carret	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mulerus Care Date Mille 7, 1936	Nature of injury
19. UNDERTAKER T. B. Shippert + Sand	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED June 23, 1936 Caldwell Wordruff Registration	(Signed) Dely O. M. Clery M. D.  (Address) 400 N. Payan of
Registrati	(noutrous)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1996	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones  Or. McC. Clearly.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-2
County Saftueers	Registration Dist. No. 1
Village or City Relay	No. Making in Blad. St., Ward death occurred in a horpital or special or spec
Length of residence in city of town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Though palle	U V ANI
(a) Residence: No.	St., Ward. WEWOAL Glaubulay If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. Egglor or RACE S. SINGLE, MARRIED, WHOWED, OR DAYORCED (wrighthe word)  5a. If matried, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yearfully 1/2 1921	last saw h alive on , 19 ; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at \$50A.1m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Moule SAWYER, BDOKKEEPER, etc.	External Violence
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	n+ 1. n · 1. v
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	CHO MITHUL CLERALITYS
12. BIRTHPLACE (city or toyh) Alguymale	Dther Contributory Causes of importance:
(State or country) ( ) la hopica	Erusted Skull
13. NAME MANUAL	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
II 18. MAIDEN WAME TO TO THE TOTAL TOT	23. If death was due to external causes (VIDLENCE) fill in also the following:
18. MAIDEN NAME & CONTROL OF TOWN SECULIA CONTROL OF CO	Accident, suicide, or homicide? Accident Date of injury 10, 1936.  Where did injury occur?
17. INFORMANT Walfel Walfellowa	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIGES DEMINION DATE JUNE 16, 19.30	Manner of injury . Automobile Accident
Laston South	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER  (Address) Elliest Cility	If so, specify New Country y, Coronga
20, FILESLIP 15 1036 Setteet Le	(Signed) Stake for free for the
U   Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 3 1936	1921	Run over by street car	1 week ago
Cerebral hémorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

O R	ry item of infor-	NS should state	nt of OCCUPA.	
	NT RECORD. Evel	LY. PHYSICIAL	. Exact statemen	
MARGIN RESERVED FOR BINDING	IS A PERMANE	stated EXACT	properly classified	certificate.
N RESERVED	DING INK-THIS	. AGE should be	so that it may be	ctions on back of
MARGI	X, WITH UNFA	carefully supplied.	'H in plain terms,	ortant. See instru
0.1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.	1	7	1

	OF MARYLAI	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	1144	(159)
County /2 allus	nore	Registration Dist. No.
Village or City Bently	Springe.	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs	mosds. How long in U. S. If of foreign birth?yrsmos
2. FULL NAME Bab	· Meaner	
(a) Residence: No.	y yearer	St. Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIE OR DIVORCED (write the	e word) / 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Auch.	22. I HEREBY CERTIFY, That I attended deceased fr
0	me -4-1936	June - 4 , 19.36 , to , 19.36 ; death is s
7. AGE Years Months	Days If LE	SS than to have occurred on the date stated above, at 6,30 P, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years spent in this occupation	- (5/2 \$ 6 mo Gestation)
12. BIRTHPLACE (city or town) 72.Ca. (State or country)	2	Other Contributory Causes of Importance:
13. NAME Lames The	mas Wear	en
14. BIRTHPLACE (city or town) 12. (State or country)		Name of operation Date of  Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Bernie	e. Viola Coo	hers 23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) PLACE (State or country)	syland!	Accident, suicide, or homicide?
17. INFORMANT Dernice () (Address) Fruita	iola, Wea	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date June 6	Manner of injury
19. UNDERTAKER J J Mean (Address)	nd m	24. Was disease or injury In any way related to occupation of deceased? Mo
20. FILED June 6 , 19,36 &	annuel & m	(Signed) J & Jagle M rejistrar. (Address) New Firedam Pa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 1836	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

be

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	U	1)	0
U	V	U	0

1. PLACE OF DEATH	(A7)
County Balta	Registration Dist. No. 33
Village or City Rustustown md	No. St., Ward
77	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & harlotte V It als	P. How long in order of the last the la
	01 11/1-11
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND OF Philip B. Welsh Str.	22. I HEREBY CERTIFY). Thet I attended deceased from 20 036, to the 7th 1936
6. DATE OF BIRTH (month, day, end yeer) ( 122 1870	I last saw h 2 alive on 1122 7 193 death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date steted above, at
63 7 15 Iday,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which work wes done, es SILK MILL, House, or	Derebral galerio-
SAW MILL, BANK, etc  10. Date deceesed lest worked at this occupetion (month and year)	Callerona
12. BIRTHPLACE (city or town) Cansel Co (Stete or country)	Other Cantributary Causes of Importence:
1	- Hypeis brosion 10 yr
13. NAME John Frank  14. BIRTHPLACY (City or town). Carroll Co	
[Stete or country]	Neme of operation Date of
	Whet test confirmed diagnosis? Was there an eulopsy?  23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Carroll Co.	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT hilly 3 Theleh Sv.  (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Drued Pedge Date June 7, 1936	- Neture of injury
19. UNDERTAKER John Cline & Somo (Address) Bustustour Mid	24. Was disease or Injury in any way releted to occupation of deceased?
20. FILED June 8-, 1936 FRunting Registrar.	(Signed) M. D. (Address) M. D.
	, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Artertoscierosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis (11) 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PARTY OF THE P			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	10 '	
County US	eltimore	Registration Dist. No. 3
Village or CityC/	esting Mulge	No. St.,  (If death occurred in a horpital or institution, give its NAME instead of street and numb
Length of residence in city or to	wn where death occurredrs	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME	Leonge Thomas	Wilhelm
(a) Residence: No.	(Usual place of abode)	C St., Ward.  If nonresident give city or town and State
	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male and	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5a. If marriad, widowed, or divorced		
HUSBAND of (or) WIFE of	1 ( 10 ( )	22. I HEREBY CERTIFY, That I attended decea
6. DATE OF BIRTH (month, day, and ye	ear) July 21/935	I last saw h Assa aliva on June 1, 19. 3-6; des
7. AGE Years N	Months Days If LESS than	
/	0 6 I day,h	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular	INFR A 1 4	
kind of work dona, as SPIN SAWYER, BOOKKEEPER, etc	9 refaul	( Drokello Mumorue )
9. Industry or business in which work was dona, as SILK MI SAW MILL, BANK, etc	ill,	
Q   10. Data deceased last worked at	11. Total time (years) spent in this	Crimary Cause & measles. Duration i not
o this occupation (month and year)	spent in this	stated a Cross R.
12. BIRTHPLACE (city or town) (State or country)	estruit Olidge	Other Contributory Canses of importance:
1 61 /	- Jacob Colin	
I	a Narry Course	MANAO
14. BIRTHPLACE (city for town) (State or country)	Best Chian	Name of operation Data of Data of
œ	The state of the s	What test confirmed diagnosis?
H	Mayer	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Belt la mi	Accident, suicide, or homicide? Data of injury
au 1	1 - 1 - 1 - 1 - 1	(Specify city or town, county and State)
(Address)	with will Bolk	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	1 / January	Manner of injury 1000
Place Caudl Chap	Cl. Date func 3 , 192	Nature of injury
19. UNDERTAKER (Address)	c Burden of Sy	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 2 1936	William O'lehow	If so, specify (Signed) BR Benny

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	11.1	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 3 1938	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPA.

-WRITE PLAINLY, WITH UNFADING INK-TI	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may
X	sho	it n
	E	lat
N	A	e th
AD	ed.	3,00
NE	ilde	erm
D	Sul	in t
TI	ully	pla
=	ref	l in
	e ca	Y TH
AIN	q p	DE.
PL	lnou	)F]
E	S	E
/RI	tion	CAUSE
=	ma	CA

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH 3

Sa. Ir married, widowed, or divorced HUSBAND (197)  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than I. day, or min.  8. Trade, profession, or particular kind of work done, as SPINNER  SAWER, BOOKKEER, etc.  11. Total time (years)  Spant in this occupation (month and year)  Other Centribatory Causes of importance:  BIRTHPLACE (city or town)  (State or country)  13. NAME  CHUSBAND  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  Church California  Date  18. Trade (city or town)  (State or country)  18. Trade (city or town)  (State or country)  19. Was there an autopsy?  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury.  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of daceased?	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6010
Village or City Alla Nova (II death occurred in a kerpital or ingitation, give in NAME interest and number)  Length of residence in city or tywn wighers death occurred at the country of the wind in a kerpital or ingitation, give in NAME interest and number)  Mark O. S.  2. FULL NAME  (a) Residence: No. Mark Interest and the country of the wind in a kerpital or ingitation, give in NAME interest and number)  Mark O. S.  Median Death O. S. Interest and the country of the wind of the country of the country of the wind of the country of the coun	1. PLACE OF DEATH	(18)
Village or City.  Length of residence in city or tynn wigers death occurred.  Length of residence in city or tynn wigers death occurred.  2. FULL NAME  (a) Residence: No.  Linus place of shock)  PERSONAL AND STATISTICAL PARTICULARS  S. ISNACLE, MARRIED, WIDOWED.  So. If married, widowed, or divorced training to the company of the comp	County Baltimore	Registration Diet No. 3
Length of residence in city or typan where Jest hocurred  2. FULL NAME  (a) Residence: No		No. Augsburg Home St Ward
2. FULL NAME  (a) Residence: No. ** ** ** ** ** ** ** ** ** ** ** ** **	Length of residence in city or town where death occurred 2 vrs. 3 mos.	death occurred in a aprintal or institution, give its NAME instead of street and number)
(a) Residence: No. Lugue bug Jusus place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  JOHN JUSTICAL PARTICULARS  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVERCES (which would)  S. It married, widowed, or divorced  LUL J.	( l. T. le land	NR - 08
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE, MARRIED, WIDOWED, OR DIVOKCEO (write the word)  OR DIVOKCEO (write the word)  S. If married, widowed, or divorced (Watter)  (Oay)  (Oay)  (Year)  19. Let B BY G RT I Y, That I attended deceased gryfth (Year)  (Oay)  (Year)  19. Let S than Jay.  19. Let B S t	The colours of the	influte Rd
PERSONAL AND STATISTICAL PARTICULARS  3.6EX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)  5. If married, widowed, or divorced (core) wife of core with the word (core) wife of core wife of core with the word (core) wife of core		Ward. Del Kay Beach Ha
2. If married, widowed, or divorced  (O1) WHE of  (O2) WHE of  (O3) WHE of  (O4) WHE of  (O5) WHE of  (O5) WHE of  (O5) WHE of  (O5) WHE of  (O6) WHE of  (O7) WHE of  (O7) WHE of  (O8) WH		
59. If married, widowed, or divorced this shadowed, or divorced to the shadowed, or divorced to the shadowed to have occurred on the date stadyd above, et	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 3, 1936
HUSSAND of (Or) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day. hrs. of 1day. of 1day. hrs. of 1day. hrs. of 1day. of 1day. hrs. of 1day. of 1day.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
7. AGE  Years  Months  Days  II LESS than 1 day, hrs. or. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  B. Trade, profession, or particular SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER,	HUSBAND of	1 HEREBY GERTIFY, That I attended deceased from
7. AGE  Years  Months  Days  II LESS than 1 day, hrs. or. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  B. Trade, profession, or particular SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER,	6. DATE OF RIRTH (month day and year) Dec 17, 1863	Vlast saw hell alive on Sund 2 1036 days is said
8. Trade, profession, or particular kind of work done, as SPINNER, docusework  9. Frade, profession, or particular kind of work done, as SPINNER, docusework  9. Frade, profession, or particular kind of work done, as SPINNER, docusework  9. Frade, profession, or particular kind of work done, as SPINNER, docusework  9. Frade, profession, or particular work done, as SPINNER, docusework  19. Solve was done, as SPINNER, docusework  10. Date does as last worked at this occupation work was done, as SPINNER, docusework  10. Date does as last worked at this occupation work was done, as SPINNER, docusework  10. Date does as last worked at this occupation work was done, as SPINNER, document work as follows:  19. Solve was done, as SPINNER, document work as follows:  19. Solve was done, as SPINNER, document work as follows:  19. Solve was done as SPINNER, document work and state work as follows:  19. Solve was done as SPINNER, document work and state work and state work as follows:  19. What test confirmed diagnosis?  19. Was there an autopay?  19. What test confirmed diagnosis?  20. If death was due to external causes (VIOLENCE) fill in also tha following:  21. Informant diagnosis?  22. If death was due to external causes (VIOLENCE) fill in also tha following:  23. If death was due to external causes (VIOLENCE) fill in also tha following:  24. Was disease or injury occur?  25. Specify city or town, county and State)  26. Specify city or town, county and State)  27. Was disease or injury in any way related to occupation of daceased?		11 D, ueath is said
8. Trade, profession, or particular kind of work dome as SPINNER, Accusework  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State of country)  17. INFORMANT  (Address)  18. BURIAL, CREMA FION, OR REMOVER  Place  19. UNDERTAKER  19. Was disease or injury in any way related to occupation of daceased?  24. Was disease or injury in any way related to occupation of daceased?  24. Was disease or injury in any way related to occupation of daceased?	/ 3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
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SAW MILL, BANK, etc  10. Date doceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State o) country)  17. INFORMANT  (Address)  18. BURIAL, CREMA JION, OR REMOVED  Place  19. UNDERTAKER  11. Total time (years) spant in this occupation  Other Contributory Causes of importance:  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  Nature of injury  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of daceased?	SAWYER, BOOKKEEPER, etc.	barcinoma Uteras 1930
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State of country)  17. INFORMANT  (Address)  18. BURIAL, CREMENION, OR REMOVEL  Place  19. UNDERTAKER  11. Total time (years)  spent in this occupation  Other Contributory Canses of importance:  (Address)  Nama of operation.  Nama of operation.  What test confirmed diagnosis?  Was there an autopsy?  Wheat test confirmed diagnosis?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury in any way related to occupation of daceased?		
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Other Contributory Canses of importance:  (State or country)  13. NAME CUUSLIAU WOLF  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State of country)  17. INFORMANT (Address)  18. BURIAL, CREMA) ION, OR REMOVEL Place  Date  Other Contributory Canses of importance:  (State of country)  Nama of operation What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury Nature of injury  Nature of injury  Nature of injury in any way related to occupation of daceased?	Shellf III fill?	
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13. NAME CUITSLICAL WOLF  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State of country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVEL Place  19. UNDERTAKER  19. UNDERTAKER  10. Date of What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Specify city or town, country and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  Nature of injury  Nature of injury  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of daceased?		AAM
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State of country)  17. INFORMANT  (Address)  18. BURIAL, CREMA JION, OR REMOVEL  Place  19. UNDERTAKER  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Date of injury  (Specify city or town, country and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of daceased?		7905
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State of country)  17. INFORMANT  (Address)  18. BURIAL, CREMA JION, OR REMOVEL  Place  19. UNDERTAKER  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide? Date of injury  (Specify city or town, country and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of daceased?	H. H	n n n n n n n n n n n n n n n n n n n
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State o) country)  17. INFORMANT  (Address)  (Addr	(State or country)	none .
23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?		a decipal to the deci
(Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date Date  Date  19. UNDERTAKER  Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of daceased?	- /// bushing	
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17. INFORMANT  (Address)  (Addres	Me The Ital	(Specify city or town, county and State)
Place Date June 6, 1936 Nature of injury  19. UNDERTAKER 2. Vellique 8 Jon 24. Was disease or injury in any way related to occupation of daceased?	(Address) Campfield Rd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A service of the serv	Manner of injury
19. UNDERTAKER Vellique & Lou 24. Was disease or injury in any way related to occupation of daceased?	Place Date June 6, 1936	Nature of injury
	19. UNDERTAKER V. Illyanie 8 Vm.	
of the city 36 mm Redderd (Signad) 190. W. Henneter M. D.	Juny cot 36 ma B. 14. 2	7-2 1 F A
20 FILED (Signal) 20 (Signal) (Signal) 2 Garrison Pl	20 FILED 19 Registrar.	2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage	Perdenitis	3 days ago
A Marie Mari		
	4/	
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones Man, 1, 92	Gustroenteritis	1 year
1		

Registration Dist. No.	
and R Mo,	Ward
eath occurred in a hospital or institution, give its NAME instead of street and number	er)
ds. How long in U.S. if of foreign birth?yrsmos	ds.
Joyna 2 2 2 2	X
St. Ward Mo, Mean Menuty	ly
If nonresident give city or town and State	
MEDICAL CERTIFICATE OF DEATH	,
21. DATE OF DEATH	6
(Month) (Day)	V
(moyen) (bay)	Year)
22. I HEREBYCERTIFY, That I attended decea	sed from
1 1036, to 1036, to	9.3.6
l last saw h der elive on in le de ; dea	th is said
to have occurred on the date stated ebove, at	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Date	of onset
for fineminia 5	28/36
Other Contributory Causes of importance:	*
2	
$\sim$	
Name of operation Date of	
What test confirmed diegnosis? Was there an autops	no
23. If death was due to external causes (VIOLENCE) fill in also the following:	
Assidant suisida au Communication de la commun	10
Where did injury occur?	19
(Specify city or town county and State)	
specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	·
(Signed)	- un

-WRITE

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(Address) /-If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	19 July 5, 1927	Peritonitis	3 days ago	
MUREA	U V. S.			
Other contributory causes of importance:	The second	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	